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Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than any thing else.—RUSKIN.

Original Communications.

A CASE OF EXTRA-UTERINE PREGNANCY—OPERATION.

BY WM. O. ROBERTS, M.D.,

Demonstrator of Anatomy and Surgery in the University of Louisville, etc.

The history of the subject of the present report, as obtained from Dr. Joseph Hale, of Owensboro, Ky., in whose practice the case occurred, is as follows:

Mrs. T., living in Owensboro, aged twenty-five years, small in stature, but of vigorous constitution, was the mother of one child three years old. She ceased to menstruate October 1, 1879. A month afterward she began to suffer from pains in the epigastric region, attended by fever, nausea, and vomiting. These attacks, which would last for several days and recur at intervals of four weeks, were accompanied for the first three months by a slight sanguineous discharge from the vagina. About the close of the third month extra-uterine pregnancy was diagnosticated. The condition of the patient, save a gradual en-

largement of the abdomen, continued much the same until the 4th of April. Severe spasmodic pains in the lumbar region, which recurred very rapidly, now set in and persisted for sixteen hours in spite of large doses of opium. Soon after this, fever, accompanied by pain and tenderness over the entire pelvic region, and by nausea and vomiting, set in, and continued steadily for ten days, when they began gradually to subside. The abdomen now became enormously tympanitic. There was frequent inclination to evacuate the bowels, a very sanguinolent fluid passing with each effort. The tympanitis continued to increase until the abdominal walls seemed ready to burst, and produced extreme difficulty of respiration. The mammæ, which had been enlarged and otherwise presented evidences of pregnancy, now began to shrink, and presently lost all marks indicative of that condition. The sounds of the fetal heart and of the placental bruit, which had been very distinct, could no longer be heard.

The death of the fetus having now certainly occurred, an operation was advised, but not assented to. The patient continued in this distressing condition until April 25th—about ten days—when the cyst opened into the intestinal canal, and there was discharged per anum a dark, putrid fluid, with large quantities of offensive gas. The abdomen now rapidly reduced in size, the fever subsided, and the woman became more comfortable. Consent was finally obtained for an operation, and Prof. D. W. Yandell was telegraphed to go to Owensboro, Ky., but being unable to leave home he was good enough to request me to go in his stead. I reached the patient by 10 P.M. of the 26th, and saw her with Drs. Hale, Tyler, and Luckett. Her condition was then as follows: Extreme emaciation; face very pale; countenance pinched and anxious; axillary temperature 103°; pulse 120; intense nausea, with inability to retain any thing whatever in the stomach; abdomen considerably distended; great tenderness on pressure; palpation revealed a hard, irregularly-shaped tumor in the hypogastrium. There were frequent and rather copious discharges of a dark color and exceedingly offensive odor from the bowels. Patient was excessively restless, sleeping

but little and easily aroused. At 12 M. the next day, 27th, the temperature had fallen to 101° and pulse 114. In other respects her condition was unchanged.

The physicians present concurring, I proceeded at once to attempt the removal of the dead fetus by an operation. The patient being brought under ether, the abdomen was opened by an incision which, beginning two inches below the umbilicus, followed the median line downward five inches. The bleeding vessels were secured by artery forceps, and the peritoneum raised and opened. No adhesions were found connecting it with the anterior wall of the sac. Spencer Wells's trocar was then introduced into the sac, and several ounces of fluid similar to that which had been passing from the bowels, together with a considerable amount of gas, was drawn off. An incision was then made in the sac, the walls of which were found to be about three fourths of an inch in thickness, enveloping a fetus, which we judged to be between five and six months old, in an advanced stage of decomposition. This I removed by means of Thomas's ovarian forceps. Some traction was made on the cord in the removal of the fetus, and as the placenta did not seem "to give" it was allowed to remain to slough out. Before opening the sac I lifted it slightly out of the abdomen and held it by means of tenacula during the removal of the fetus, in order to prevent its contents escaping into the peritoneum. The fetus being extracted, the interior of the sac was sponged out with carbolic solution (1 to 40). The upper part of the wound was closed by deep sutures passing through the walls of the sac, a good-sized rubber drainage-tube was introduced, and provision made to catch any discharges which might escape. The operation throughout was done with full antiseptic precautions. The subsequent course of the case is thus minutely described by Dr. Hale:

"Three hours after the operation temperature 99°, pulse 108. 29th—morning temp. 100.5°, p. 108, nausea and vomiting, milk and lime-water as nourishment, hypodermic morphia; evening temp. 100°, p. 108. 30th—M. t. 100°, p. 108; E. t. 100°, p. 102,

morph. hypoderm., milk and lime-water. May 1st—t. and p. unchanged, no nausea or vomiting, takes milk well, continue morphia. May 2d—t. and p. unchanged, no nausea, bowels moved several times, passing an offensive matter; morph. and milk and lime-water continued, with five grains of ingluvin every six hours; maltine and pepsin with pancreatin given, but rejected by stomach. May 3d—M. t. 101°, p. 114, no nausea, cyst discharging less, drainage-tube removed; E. t. 103°, p. 120, no nausea, cyst discharging less, and discharge less offensive. May 4th—M. t. 102°, p. 116, cyst discharging per anum; E. t. 103°, p. 114, the cord and a portion of placenta removed through incision, discharge very offensive. May 5th—M. t. 102°, p. 114, some nausea with oppression of stomach, pulse more feeble, more pallor of face, continue morphia and ingluvin; ext. beef, wine, and iron ordered in teaspoonful doses; several pieces of placenta removed; E. t. 102.5°, p. 120, nausea and vomiting; omitted beef, wine, and iron; continue morphia, milk, and lime-water. May 6th—M. t. 102.5°, p. 120, nausea and vomiting, great pallor, pulse small and quick, wound looks well, discharging but little, quinia sulph. gr. ij, morphia sulph. gr. ¼, hypoderm.; E. t. 103.5°, p. 120, stronger and more volume, quinia sulph. gr. ij, morphia gr. ¼, hypoderm., cyst discharging less, bowels moved, discharging fecal matter. May 7th—M. t. 103°, p. 114, nausea and vomiting, with frequent oppression of breathing, quinia sulph. gr. ij, morphia gr. ⅓, hypoderm.; E. t. 105°, p. 130, nausea and vomiting persist, repeated quinia and morphia, cyst discharging very little, countenance anxious. May 8th—M. t. 102.5°, p. 114, nausea less, quinia and morphia as before, bowels discharged fecal matter, cyst discharges less; E. t. 104°, p. 120, quinia and morphia as before, milk and lime-water. May 9th—M. t. 103°, p. 120, nausea and vomiting, more prostration, cyst discharging very little, quinia and morphia continued, inunction of entire body with cod-liver oil; E. t. 105°, p. 124, quinia and morphia. May 10th—M. t. 103°, p. 114, nausea and vomiting, quinia and morphia, cod-liver oil discontinued, being offensive to patient; discharge from cyst much less, and less offensive; E. t. 104.5°, p. 124, quinia and

morphia, discharge per anum ceased. 11th—M. t. 103°, p. 120, cyst discharging more, some fecal matter passing from it, discontinued quinia, but gave morphia; E. t. 105.5°, p. 135, very restless, nausea and vomiting. May 12th—M. t. 102°, p. 120, less nausea and vomiting, more quiet, cyst discharging freely a dark fluid, evidently from intestinal canal; E. t. 102°, p. 124, quinia and morphia resumed, cyst discharging fecal matter freely through wound, no discharge per anum for two days, injected warm water into rectum, passed freely out of wound. May 13th—M. t. 102°, p. 124, nausea and vomiting, cyst discharging fecal matter through wound, no discharge per anum, quinia discontinued; E. t. 103°, p. 124, nausea and vomiting, fecal matter passing freely from wound, takes more milk. May 14th—M. t. 101.5°, p. 120, nausea and vomiting less, takes more milk than for a week, examined rectum with finger and found it loaded with solid fecal matter, which I removed with my finger; the cyst explored through incision was also found charged with fecal matter; this was removed in same way, and the cyst thoroughly washed out; a careful exploration of the cyst showed that it was firmly adherent to all the parts which lie in contact with it; the opening between the cyst and intestine is large, and about the junction of the rectum and the colon; water injected into rectum passes freely through incision, and *vice versa;* E. t. 100°, p. 120, no nausea, takes milk well. May 15th—M. t. 101.5°, p. 130, feeble and quick, no nausea, resumed quinia and morphia injections; E. t. 101.5°, p. 120, nausea less, takes more milk, cyst still discharging fecal matter, no discharge per anum. May 16th—M. t. 99.5°, p. 115, rested better last night than for a week, takes milk and white of egg in water, cyst still discharging fecal matter through the abdominal incision. May 17th—M. t. 100.5°, p. 120, no vomiting, slight nausea, substituted elix. opii and tinct. nux vomica for quinia and morphia; E. t. 103°, p. 140, very quick and feeble, occasional nausea, fecal matter still passing through the incision. May 18th—M. t. 99.5°, p. 120, takes beef tea and milk; E. t. 103°, p. 140, quick and feeble, less nausea and vomiting. May 19th—M. t. 102°, p. 130, occasional nausea and vom-

iting; E. t. 104°, p. 140, very quick and feeble, vomiting frequent, throwing up a dark, offensive fluid. May 20th at 8 A.M. the patient died quietly.

"To make this report as brief as possible, I omitted to note the management of the cyst, and here add that the cyst was washed out once a day with a solution of pot. permanganate, one to two grains to the ounce, for the first three days; after that time it was done two to three times each day; and after the contents of the cyst were removed a one-to-forty solution of carbolic acid was used. The cyst entirely ceased all discharge except the fecal matter mentioned for ten days before death."

Had the operation in this case been performed when first proposed—that is, immediately on the death of the fetus—there is good reason to believe that the mother's life would have been saved; for the two great dangers—viz. peritonitis and septicemia, which are to be feared as the results of the operation—might have been avoided by antiseptic precautions. Statistics warrant this conclusion.

LOUISVILLE, KY.

PLACENTAL OR UTERINE SOUFFLE?

BY THEOPHILUS PARVIN, M.D.

In the year 1821 Lejumeau de Kergaradec, in his original memoir upon auscultation of the abdomen of the pregnant woman, stated one could hear the sounds of the fetal heart and also sounds depending upon the utero-placental circulation—*battements simples avec souffle*, he called the latter, and by them the position of the placenta could be determined. Lau, in a memoir published in Berlin in 1823, denied any relation between this *souffle* and the placenta. Thus commenced a disagreement in the professional mind which not even the researches of Dubois

have ended. The disagreement exists to the present day; for although the great majority now designate this *souffle* uterine, yet by some it is still termed placental.

About two years ago a writer in the London Practitioner declared that he could predict the sex of the child by learning from auscultation the position of the placenta. Our own great countryman, Dr. T. G. Thomas, whose admirable work upon Diseases of Women has not received, can not receive, too much praise, in that work, page 712 of the last edition, makes the placental *bruit* one of the means by which pregnancy may be distinguished from an ovarian cyst. Pajot, in a very appreciative review (*Annales de Gynécologie*, March, 1880) of the French translation of Dr. Thomas's work, expresses astonishment at this, wondering how it could occur after the French works of the last thirty years.

Quite recently a distinguished medical teacher of Louisville, one who has himself made valuable contributions to the subject of obstetric auscultation, uttered the following words: "The soft, blowing murmur, synchronous with the maternal pulse, is heard most distinctly over the seat of the placental attachment. . . . That it coincides with the placental attachment has been verified in many cases when the afterbirth required removal. The probabilities are that the sound is produced by the rush of blood from the enlarged arterial vessels in the uterine walls into the utero-placental sinuses."

In opposition to the views of these gentlemen, in so far as any claims to knowing the position of the placenta from this souffle are concerned, the words of Schroeder might be quoted: "No safe conclusion as to the seat of the placenta can be drawn from it."

Believing that the term "placental" in connection with the sound referred to is not only a wrong, but also a misleading designation, I propose quoting in criticism from six recent obstetric works, or at least recent editions—two English, two French, and two German.

In Leishman, third American edition, the term "uterine souffle" is used, and the statement made that this souffle has "no fixed relation to the site of the placenta, and it certainly gives no reliable evidence, as might have perhaps been expected, as to where the placenta is situated in the uterus."

In Playfair too we find the same designation given. On page 138 of the third American edition of this work we read, in reference to the sound in question, "For long it was supposed to be formed in the vessels of the placenta, and hence the name *placental souffle*, by which it is often talked of; or if not in the placenta, in the uterine vessels in its immediate neighborhood. The non-placental origin of the sound is sufficiently demonstrated by the fact that it may be heard for a considerable time after the expulsion of the placenta."

Depaul, in his *Leçons de Clinique Obstétricale*, enters very fully into the history and applications of obstetric auscultation. As is well known to the profession, he has devoted much time to its study and has materially increased its knowledge. In referring to the *souffle utérin*, he states his experience has proved to him that its maximum of intensity is found at the sides of the uterus, and that it has its origin in the uterine vessels there placed; as a sign of pregnancy it indicates nothing certain; it undergoes no change from the death of the fetus; and likewise as to changes in the placenta or as to place of implantation it gives no positive information. He remarks, "I add, it has rarely occurred to me to find the placenta inserted at the place where I have perceived the maximum intensity of the uterine souffle, and when this has been the case it has seemed to me a simple chance result."

In the second fasciculus, issued last year, of the *Traité de l'Art des Accouchments*, by Tarnier and Chantreuil, the authors, criticizing the placental theory of the souffle, remark that a peremptory demonstration of the error of those advocating it is given by the fact that the sound persists after the expulsion of the placenta. They refer to Bailly's recent investigations upon this point, who shows that it thus persists nine times in ten, and that the mean duration of this *post-partum* souffle is two to three

days; in one case he saw it continued to the sixth day. The observations of Bailly have been confirmed by those of Dr. Maggia, of Padua. It need not be added that Tarnier and Chantreuil, sustaining the uterine theory, give the souffle this designation.

Naegele and Grenser (I quote from the eighth German edition of their well-known work): "The *uterine bruit*, formerly wrongly called the *placental bruit*, is isochronous with the radial pulse, and has a great analogy with the souffle of a varicose aneurism. . . . Generally it is heard at one or both inguinal regions, whence it extends, almost always upon the side, either above or to the front, in an illy-defined, more or less extensive space. Sometimes it is heard at points far separated from each other, and sometimes it extends over the whole uterus."

In that superior work, Spiegleberg's *Lehrbuch der Geburtshülfe*, the second edition of which is in publication, we read under the heading of *Das Uterinräusch*, "The uterine souffle, formerly called the placental souffle, is a blowing or humming sound, now and then whistling, isochronous with the mother's pulse, resembling that of a varicose aneurism. As it has its origin in the arteries which are at the side of the lower uterine section, entering here, and also in their branches in the parenchyma, perhaps also at the emptying of arteries into large veins, one hears it over a more or less large space at the sides of the uterus, and especially more frequently in that turned more in front; now and then also at the fundus and the anterior portion of the body of the uterus." After discussing the cause of this sound, and stating that possibly it may have a certain relation to the placenta, especially when it is not at the side of the uterus, but is heard in the upper part, he adds, "But in the placenta itself it does not originate." He thus concludes his discussion of the subject: "With the evacuation of the uterus by parturition the souffle does not at once cease, but may be observed with gradually decreasing intensity for several days, at the most six. Sometimes it becomes for moments very remarkable with relaxation of the uterine walls. This fact, which has been repeatedly observed by me, finds its explanation in the previously-mentioned seat and mode

of origin of the souffle, for the metamorphosis of the uterine vessels is not instantaneous."

It is not necessary to prolong this criticism by adducing other authorities.* Accepting the common testimony of those who have been quoted, there can be no question as to the incorrectness of designating the souffle in question placental. It should always and every where be called uterine. Moreover, that this sound guides us to the uterine position of the placenta, is a statement which, in the light of the testimony here adduced, must be received, if received at all, with grains of salt both many and large.

INDIANAPOLIS, IND.

A CASE OF EMPYEMA—OPERATION—RECOVERY.†

BY Z. CARNES, M.D.

In reporting the following case which occurred in my practice, it may not be amiss to remark that while authorities on the subject offer certain plans of treatment in empyema, few of us who have had occasion to manage such cases but have experienced disappointment in the result. Prof. Flint advocates a free opening and free drainage, secured, if necessary, by a counter-opening, in order that pus may escape as fast as formed. Bryant advises free opening and free drainage, regardless of the entrance of air. Flint advocates washing out the cavity in case there be fetid pus. I myself think it better practice to wash out the cavity with simple warm water or water to which is added a little

* Kiwisch, in 1849, and Glenard, 1876, attributed the *bruit* to the epigastric artery. The latter soon abandoned this theory, substituting the *puerperal* artery—the anastomotic branch between the uterine and ovarian, which in pregnancy becomes as large as the humeral—for the epigastric. Essentially then even he adopted the uterine theory of the origin of the sound in question.

† Read before the Johnson County (Ind.) Medical Society at its meeting December, 1880.

chloride of sodium—one or two drams to the pint—whether or not the pus be fetid. And where the opening closes at too early a period I believe it well to reopen the wound and thoroughly cleanse the cavity by injections, throwing the solution in until it returns clear. As regards the danger of admitting air into the sac, there is much difference of opinion. For my own part, I believe it to be impossible to thoroughly drain the cavity without the admission of air. With these preliminary remarks I proceed to report the case.

March 5, 1880, I was called to Rosa D., aged thirteen years, previously healthy. I found her laboring under pleuro pneumonia affecting left side. Respiration 35, pulse 114, temperature 103.5°. I had cloths wrung out of hot water frequently applied over the left chest, and gave veratrum viride, aconite, and opiates, with a purgative at bedtime, and enjoined that patient should have nourishment. During the next four days condition remained materially the same. March 9th—r. 36, p. 120, t. 104°, slight delirium, expectoration of stringy, adhesive, rust-colored mucus; dullness increased over left lung; patient growing weaker; directed veratrum viride to be given only when indicated by the pulse, and gave milk punch, eggs, and whisky, along with quinine every three or four hours. March 11th—r. 43, p. 125, t. 103.5°, increased dullness on percussion, expectoration of a prune-juice color, applied a blister over left side. March 12th—r. 35, t. 102°, p. 125, patient resting better and expectorating more freely; a large poultice was applied over the seat of the disease on the removal of the blister; stimulants, etc. continued. During March 13th, 14th, and 15th patient continued to improve in every respect; the dullness diminished, while the subcrepitant râle, broncho-vesicular respiration returned; an oil-silk jacket covering the entire chest was substituted for poultice. The next day (16th) the patient was so well that after adding bark and iron to the quinine previously given I discontinued my visits.

On April 6th I was again called. At this time her respiration was 29, pulse 100, temperature 101°; slight dullness on percussion over lower portion of left lung; dry, hacking cough. I

applied tinct. iodine over the seat of dullness; directed expectorants and tonics and gentle airing in a buggy morning and evening. April 10th—appetite better, sleeps well, squills and digitalis added to the treatment. April 15th—still improving; able to be up about the room most of the day; treatment continued.

May 3d I was again called. The patient's respiration was now 36, pulse 130, temperature 102°, hacking cough, appetite poor. Inspection showed perfect immobility of chest-wall, with general enlargement of the affected side. The intercostal spaces were even with the ribs, and the cardiac impulse was seen most distinct near the right nipple. Mensuration showed enlargement of the affected over the healthy side in its circumference of one inch and a quarter. Universal flatness on percussion over the affected side, extending even beyond the natural limits of the lung; entire absence of respiratory and vocal sounds except over the apex of the compressed lung, where could be heard a feeble, bronchial respiration; puerile breathing over the healthy lung. The diagnosis was easy. I at once advised evacuation of the fluid by puncturing the chest-walls, and requested a consultation. My friend Dr. Payne was called. There being an unwillingness on the part of the family to any surgical operation, Dr. P. and I agreed to test the power of sorbefacients, whereupon the patient was put upon the use of potas. iodid. and potas. acetat. with flying blisters over the chest. This treatment was continued for ten days, when there being no evidence of improvement it was determined to do paracentesis. The introduction of an exploring needle confirmed the diagnosis, when an opening was made in the back part of the chest pretty low down, through which flowed four quarts of healthy pus, occasionally some floculi of lymph. But little disturbance ensued. The opening was closed by adhesive plaster and the patient given a toddy. She passed a comparatively comfortable night.

Next day, May 15th, r. 30, p. 107, t. 99°, appetite decidedly better. For the five succeeding days the condition of things remained about the same. On the 22d, r. 36, p. 148, t. 101°; and on the 23d and 24th the temperature rose to 103°, the counte-

nance became anxious, the eyes heavy, complexion sallow, and percussion sound again became dull over the entire left side. A second opening was now made at the previous point, and half a gallon of pus removed, darker in color than the first, but without fetor. The next day respiration and pulse unchanged; temperature 101.5°; patient complains of much pain and soreness over the chest. May 26th—r. 33, p. 160 and intermittent, t. 104°, dry cough, appetite poor, slept badly; food, stimulants, and tonics continued. No effort was made to prevent the entrance of air into the chest, which occurred freely. On the 27th and 28th r. 30, p. 140, t. 103°, appetite somewhat better, rested better. On 29th and 30th rested well, appetite improving, respiratory murmur returning in summit of lung. June 1st—r. 36, p. 144, t. 103.5°, chest enlarged, heart-sounds more to right, chest evidently refilling; ordered Scott's emulsion of cod-liver oil and a buggy-ride morning and evening when the weather would permit. June 2d and 5th—r. 42, p. 150, t. 101.5°, pus escaping from the opening to the amount of several ounces; size of chest decreased. Some discharge from the opening continued up to June 15th, when the opening closed. But as there was evidently considerable fluid remaining, the operation was repeated, and more than a quart of dark-colored pus removed, after which the cavity was thoroughly washed out with a solution of chloride of sodium.

From this time the improvement was marked in every respect, particularly appetite and general appearance. On June 21st, though still improving, it was evident there was still considerable accumulation. Paracentesis was repeated, and about a quart of sero-purulent fluid was removed and the pleural cavity again thoroughly cleansed as before. July 1st—patient rapidly improving; enlargement of affected side diminishing; the intercostal spaces are regaining their normal condition, the movements of the chest-walls and vocal fremitus are returning, and percussion sound gradually growing normal. The heart and adjacent abdominal viscera are returning to their places; appetite good, patient cheerful, rapidly increasing in flesh. July

14th—the discharge has ceased and the opening healed, the patient fast gaining flesh.

When attacked with pleuro-pneumonia the 4th of March the girl's weight was sixty-five pounds. On May 14th—date of first operation—it was fifty pounds. She is now well; has neither pain nor cough, nor any other symptom of disease; and today—December 14, 1880—her weight is ninety-eight pounds.

GREENWOOD, IND.

LIGATION OF THE FEMORAL ARTERY.

BY G. W. H. KEMPER, M.D.

On the 15th of April, 1880, Master H. M., aged about twelve years, while carving his name on the handle of a spade, allowed the blade—a very sharp and pointed one—to slip off and penetrate the center of the left thigh over the site of the femoral artery. The stab was followed by a profuse hemorrhage, which was finally controlled by a non-professional friend. On the following evening a second hemorrhage occurred, and was again checked. About one week later a rather hard and circumscribed swelling developed around the wound, and Dr. Winton was called to see the patient. Slight hemorrhages occurred almost daily. I saw the patient with Dr. Winton on the 8th of May. The thigh was greatly swollen, measuring fifteen inches in circumference. Over the swelling a distinct bruit was heard. Diagnosis, diffused false aneurism.

On the afternoon of May 10th, assisted by several medical gentlemen, after applying Esmarch's bandage I made an incision about five inches in length on the inner side of the sartorius muscle. Upon dividing the superficial fascia I came upon a large, irregular-shaped blood clot, which had dissected a way between the muscles of the thigh. This was turned out and the

cavity cleaned. After pushing the sartorius to one side the femoral artery was exposed to view. A longitudinal incised wound half an inch in length had been made in the artery. A stout silken ligature was placed on each side of the wound, which arrested further hemorrhage. The external wound was closed with stitches and adhesive strips, and artificial warmth supplied to the thigh, leg, and foot. The ligatures came away on the seventeenth day, and he made a good recovery. The clot had formed a fibrinous mass, and inside of this was a smooth cavity communicating with the artery and giving rise to the bruit.

MUNCIE, IND.

ON THE RISKS OF SURGICAL OPERATIONS.*

BY J. HALE, M.D.

There is perhaps no subject in the whole domain of surgery which requires more knowledge or greater judgment on the part of the practitioner of surgery than that which forms the caption of this paper. Yet few treatises on surgery devote much space to the subject, and fewer still of our many teachers of surgery give much time to it in their lectures. We propose in the following paper to give simply a brief summary of our knowledge of the subject, and add some facts not found in the treatises on the practice of surgery.

A knowledge of surgical anatomy and the art of operating are but a small part of the requisites of the successful surgeon. To learn how to operate, is an easy matter; but it is often most difficult to know when and under what circumstances an operation should be done. The condition of patients varies so much that it is often difficult for even the most experienced surgeon to predict the result of an operation.

* Read before the Tri-States Society.

The average risk to life from any surgical operation can in some degree be approximated by reference to the statistics of great hospitals; and if an operation be often performed, variations in its risks in the two sexes and at different ages may in just that far be determined. But it is not within the capacity of statistics to supply the means of determining the variations of risks, dependent on the great variety of individual conditions found among the sick. Statistics can tell neither the several nor united differences of constitution in sound or unsound health, of diseases of internal organs, of temperament, of habits of life, etc. Yet the safety of an operation must largely depend on one or more of these several conditions. And not only its mere safety, but its utility as well; for there are cases which occasionally arise where operations are inadvisable, not because of the risk to life, but because the subject has some individual peculiarity of constitution or condition which would cause him to suffer more pain or inconvenience from an operation than the result of the operation would justify. If the surgeon is to actually do more good than harm by his work he must indubitably possess both tact in detecting and skill in correcting those defects of health which render operations either unsafe or unsatisfactory.

Unfortunately there is no accepted standard of health which can be referred to as being clearly the best for bearing operations. Such a standard is not even found among those who often appear very models of health; for instance, those who have sufficient health for all ordinary labor are by no means those who always bear operations best, as seen in the fact that amputations for injuries of limbs performed on such persons are about twelve per cent more fatal than similar operations for disease where the general health is always more or less poor. Nor are the seeming disadvantages of full health, illustrated by this fact, to be seen in the greater mortality only of similar operations, but in the manner and rate of healing in such as recover. It shall sometimes happen to the surgeon to do two amputations the same day—the one on a subject in robust health, for an

injured leg; the other on an individual greatly debilitated by a chronic joint-disease. Yet he shall not infrequently find that the healing of the stump in the strong man requires a much longer time and is interrupted by many more untoward events than that of the weak one.

I do not wish, however, to be understood as arguing from these facts that good, strong health is in any sense an impediment to recovery from injuries; for such is not the fact. The real difference will be found, I fancy, in the condition of the seemingly healthy at the time of the injury, superadded to the shock of the injury, no less than that of the operation. The latter falls with peculiar and crushing force on the previously well man, and necessarily far exceeds that which comes to him who, through all the dread of an operation, anticipates being relieved of protracted suffering and long-standing disease. Further, the previously well man is necessarily subjected to a great and very sudden change of the very habits on which his health depended; among them the exercise whereby he got rid of refuse matter and tissue waste.

Among the many points of difference which exist between individuals, difference in age possesses marked importance in determining capacity to withstand surgical operations. I incline to believe that every year after childhood there is a proportional increase in the graver tendencies in operations. The reports of hospitals lead me to this opinion. There are, however, many other factors besides mere age to be considered in this connection. Young children, for instance, bear pain badly, and ill support shock; but if these risks be safely passed there remain fewer dangers in their paths than in older persons. Children are especially exempt from pyemia following operations. The most important part, however, which age plays in operations is that which is observed in the very old. Among this class of patients almost every danger incident to surgical procedures culminates. The longer life is extended after middle age the more likely is the individual to become the subject of some organic disease, the more sure is he to have degeneration of certain organs, while

his feeble and imperfectly performed circulation disposes him to congestions of various parts and organs. Yet the fact should not be lost sight of that age can not be reckoned by years alone. Even among the old who are without visible disease the observant eye can easily distinguish by their appearance subjects who differ very greatly in their ability to bear up under injuries. Such as are fat, with pale skin and soft tissues, who are incapable of enduring fatigue, and look older than they are, make very bad subjects for the surgeon. On the other hand, those that are fat, florid, and plethoric, with firm skin and good muscular power, and able to work like younger men, are not always good subjects. Those old people who are thin and tough, clear-voiced, bright-eyed, and active, with good stomachs and strong will-power, furnish the best subjects for operation among the aged, bearing all but the largest operations very well. There are some old people, however, who at first glance look very much like those just described, who are feeble and soft-skinned, with small, feeble pulses, bad appetites, and weak digestive powers, that make the very worst class of subjects for operations, being liable to die quickly of shock or more slowly of exhaustion.

In those constitutional derangements which are unattended by other organic disease than that demanding operation patients generally bear operations well, as the relief from pain and irritation in a great degree counterbalances shock and other depressing influences. Such subjects seem not particularly liable to pyemia, erysipelas, etc. Though in them wounds heal, as a rule, slowly, certain constitutional diseases, as rheumatism, gout, and cancer, do not seem in themselves to militate against the success of operations. Rheumatism and syphilis, scrofula and tuberculosis would seem to exert no further influence than that which arises from the extent and duration of the local lesions and general impairment of the organic functions.

The most powerful for evil of all constitutional conditions is that of chronic alcoholism. No individual is so little calculated to withstand surgical injury or operation as the habitual drunkard. Whenever such an one passes through the perils of a grave

operation it is, beyond all peradventure, the exception to an almost universal rule. In a subject who drinks spirits in any form the degree of intemperance determines the risks of operations. In regard to the habit of steady drinking in what is called moderation, it is even worse in its influence on surgical operations than occasional drunkenness. I incline to withhold the knife in the person of the habitual drunkard, save in such extreme emergencies as an obstructed windpipe or strangulated hernia or some not less imminent condition.

Nervous subjects, properly so called, are always very apprehensive of the result of operations, often contending that they can not bear shock. I have often been surprised to witness how little influence this excessive vivacity of their cerebro-spinal nervous system exerts on their organic functions. They sometimes seem to suffer great agony of mind, and no doubt do; yet the pulse is even and regular, and they offer no sign of disturbance of any of their functions. They sometimes have rigors, trembling, and spasmodic movement of the limbs, but mischief rarely follows. And the very mobility of mind which makes such patients so apprehensive before operation makes them especially hopeful when it is done. Of all subjects who can in any sense be called invalids—if these can be—I know of none who bear operations better than they do.

The surgeon is occasionally called upon to operate during the course of some acute diseases. Here he should carefully acquaint himself with all the facts in the case, that he may accurately estimate the dangers of his undertaking. The influence of acute diseases on surgical operations is not equally marked. Patients, for instance, with malarial fever as a rule bear operations as well as others of a like class; but in the course of recovery they often have one or more chills which closely resemble those that precede pyemia. Another fact of some interest in this connection is, that patients who have never had a malarial chill are exceedingly liable to suffer an attack after surgical operations, especially if there has been much shock or loss of blood.

In erysipelas, or that spreading inflammation of the cellular tissue which is so closely allied to erysipelas, the risks of operations are necessarily greatly increased. In acute pyemia I may state it as a rule that no operation whatever should ever be undertaken. In chronic pyemia, on the other hand, if the cause demanding an operation be such as to augment the suffering and exhaustion of the patient an operation should always be undertaken in spite of the increased risks which attend it. In croup and diphtheria tracheotomy is often demanded, and a herniotomy may be called for in the midst of an acute peritonitis. These, and others like them, are simply cases of necessity, where, though the risk to life is great, the mere healing of the wound may progress as favorably as in other cases.

The female subject possesses some conditions peculiar to her sex that should be duly considered in estimating the probable risks of operations. During pregnancy and in the puerperal state all risks are increased in some degree, and, as a rule, no operation which can be delayed should be made upon such subjects. The menstrual period may also modify the risks, and all operations that are not urgent should be deferred until the menstrual interim. Notwithstanding these additional risks of the female, she, as a rule, endures the great operations better than does the male. This fact is ascribed to the temperament and habits of the sex, most women being, as a rule, of the nervous temperament, which better enables its subjects to endure injuries of all kinds. Finally, females almost without exception are wholly free from that greatest source of all risks, chronic drunkenness.

OWENSBORO, KY.

FOREIGN CORRESPONDENCE.

My Dear Yandell: LONDON, March 15, 1881.

March has come, and we are still in the midst of wintry weather. Piercing northeast winds, snow, and cold rain combine to make the death-rate very heavy, while the amount of coughing, sneezing, and such like in churches and theaters is really quite astonishing. Even those happy or unhappy people who have fled to the south of Europe for the colder season have met with much disappointment. For nearly a month past the weather all along the Riviera from Nice to Genoa has been most unusual. At Mentone, which is justly considered to be the warmest of all the winter stations, snow has fallen several times; while from the snow-capped mountains above the town a piercing wind has swept down, causing great suffering to invalids and raising clouds of dust which have been a torment to the most healthy. This last feature is indeed one of the greatest drawbacks to these winter resorts, and renders walking — at least along the roads—a far from agreeable exercise. Lastly, the wretched arrangements for heating the rooms are a great source of annoyance, so that the slightest fall of temperature is greatly dreaded, and the good coal fires even of smoky London are looked back on with fond regret.

As I mentioned at the conclusion of my last letter, I have had a short run to southern climes, but the business on which I went and the very short time at my disposal left me scarcely any leisure for visiting hospitals or seeing methods of practice. I paid, however, while in Paris, a couple of visits to the great hospital of La Riboisière, where I saw many remarkable surgical cases. Monsieur Labbé, the surgeon with whom on both occasions I made the round of the wards, was most kind, and pointed out all the details likely to interest me. He himself has taken up the Listerian antiseptic system of operating and dressing with great enthusiasm, and says that the results are eminently satisfactory. French surgeons have never been lacking in bold-

ness, as regards operative treatment, but Monsieur Labbé declared that the Listerian system enabled him to enter upon the more critical operations with lively confidence. He had in his wards a most striking series of cases of epithelioma of the face, on which he had evidently bestowed great care. He showed us one case of which he was especially proud. He had removed from him, for an epitheliomatous growth, the eye, with the orbital surface and upper part of the superior maxilla, together with the soft parts and integuments over it. To cover the wound he had brought down a flap cut from the temporal region, and the result was most satisfactory, the scar being very slight and the deformity trifling.

One great feature in Monsieur Labbé's practice of which we did not understand quite so well the rationale was the external application of collodion in all external inflammation. He assured us the results he obtained from this were quite marvelous. We saw him paint collodion thickly all over the surface of the arm in a case of cellulitis in that member, and he said he relied on the immediate relief of the symptoms from that treatment alone. He also applied it to a case of commencing gangrene of the foot after amputation of the great toe and its metatarsal bone. But the actual result of the treatment in these cases unhappily time did not allow us to see.

Of the general management of patients in this large hospital I might say much, did space permit; but I will confine myself to stating a few facts. It would mightily astonish some of the worthy governors of Guy's Hospital who are so anxious to curtail the privileges of students in their wards, if not to banish them altogether, could they see the every-day work in the wards of a French hospital. To one who has gone through most of his training at an English medical school it is positively startling. There is no question of who is to be supreme in the wards. The "interne" is absolute master of the situation in the absence of the visiting surgeon and physician, and without any fear of governors or committees before his eyes gives his orders, and they are obeyed. I must confess that the other extreme is

often reached, and a restraining influence is sadly needed. At a large provincial hospital visited by my fellow-traveler, on his applying for permission to view the wards he was introduced to a couple of unqualified students who informed him they had just been performing the operation of tracheotomy without success. This was indeed an index to a state of affairs calling loudly for reform, and it is to be feared the same system in a greater or lesser degree pervades most French hospitals.

One other point. In most French hospitals there is one ward set apart for accouchments, but this continually overflows into the general medical and surgical department; and as there is no regular obstetric physician, the women are attended in their labors by the physician or surgeon into whose general ward they may happen to be admitted. It is a wonder that any of these poor sufferers escape with their lives, for no precaution is taken to guard them from surrounding infection. Placed in a general ward, the lying-in woman may have in the bed on one side of her a patient dying of pyemia, while on the other may be a case of scarlet fever or diphtheria. This is, unhappily, no exaggeration; and I believe in no other city in the world could such things happen. Paris, first in so many arts and sciences, is last in that merciful art which assists poor women at the moment when they are most helpless and at the same time most deserving of help.

To return to antiseptics. One of the great events of the past month has been the delivery of Mr. Lister's presidential address to the Clinical Society on the "catgut ligature." In the course of it he gives with admirable clearness and minuteness the results of many years' patient labor and investigation. As it has been published in all the medical journals, I need not do more than refer to it and add how thoroughly it will repay the careful reader. Mr. Lister explains in the fullest detail his new method of preparing ligatures with chromic acid, with which he gets the happiest results, and is enabled to "season" his ligatures in a few hours instead of weeks as under the old system. I can not resist quoting his perfectly clear description of this. He says:

"I dissolve one part of chromic acid in four thousand parts of distilled water, and add to the solution two hundred parts of pure carbolic acid. In other words, I use a one-to-twenty watery solution of carbolic acid; only the carbolic acid is dissolved in an exceedingly dilute solution of chromic acid. . . . As soon therefore as the preparing liquid has been made catgut equal in weight to the phenol is introduced into it. If you have too large a proportion of catgut it will not be sufficiently prepared; if you have too small a quantity it may run the risk of being over-prepared. At the end of forty-eight hours the chromic element of the liquid has nearly spent itself, and precipitation is complete. The catgut is then taken out of the solution and dried, and when dry placed in one-to-five carbolic oil. It is then fit for use. I have here a sample of catgut prepared by this method. Although it has been steeped in warm blood-serum since this morning at 11 o'clock, it is still translucent and firm without being rigid, and a reef knot tied upon it holds with the most perfect security."

The over-preparation or insufficient preparation to which the professor alludes has reference to the rigidity of the ligature. This may be too hard, and may so cut its way out of the tissues like a piece of glass, with much suppuration attending the process; or, on the other hand, it may be so soft as to be too readily dissolved and untied, causing grave risk of hemorrhage. As I said before, the whole address is eminently worthy of the most careful reading. The greatest surgeons have always been the most attentive to the minutest details, and I think Professor Lister's address is another illustration of this.

I mentioned in my last letter some of the interesting and remarkable results which have been obtained in locomotor ataxy by the operation of nerve-stretching, applied to one or other of the large nervous trunks, particularly with respect to the relief afforded to the principal symptoms, pain, incoördination, etc. The other day at University College Mr. Marshall stretched the great sciatic nerve on the right side in a man suffering from locomotor ataxy. The operation was performed at

the request of Dr. Bastian, under whose care the patient was. Mr. Marshall cleared the nerve sufficiently to be able to grasp it between the finger and thumb, and then made traction first upon the lower, then upon the upper end. By operating in this way the amount of force exerted can be more accurately gauged than when traction is made by a director passed under the nerve. Moreover, the sharp edge of the director might seriously damage the individual nerve tubules. The result of Mr. Marshall's operation will be made public shortly.

In France Monsieur Gillette has performed this operation for the relief of congenital epilepsy, the nerves stretched being the median and musculo-cutaneous trunks in the upper third of the arm. The operation was performed December 31, 1880, and the attacks, which formerly numbered about ninety a month, have fallen to eighteen since January 1st; while they have diminished in duration and intensity as well as in number, at the present time most of them being merely vertigo or loss of consciousness lasting a few seconds only. The wounds healed by first intention. For about eight days there was some numbness in the area of the musculo-cutaneous nerve, but this latter phenomenon speedily passed off.

La France Médicale publishes the account of a case of chronic bronchitis cured by a treatment seldom employed or even heard of in England. The account is too long to transcribe here *in extenso*, but the main facts are interesting. The patient was a young woman aged twenty, who had suffered from chronic bronchitis for three years before she became an inmate of *La Pitié*, which she entered October 6, 1880. Her face was red and puffy on admission to the hospital, but her legs were not edematous, and she seemed to have a tolerable amount of strength. She had severe dyspnea, with incessant paroxysmal cough and suffocative attacks at night, accompanied by abundant mucous and muco-purulent expectoration. There were also physical signs characteristic of severe chronic bronchitis. All ordinary treatment having been tried without success, on November 27th the thermo-cautery was applied by way of counter-irritation. On

the first application a large number of very superficial punctiform cauterizations were disseminated over the dorsal region. On the following day an improvement was manifest in the patient. The cough and dyspnea were less, and she had slept, while the moist râles were less evident. On November 30th and December 3d the thermo-cautery was again applied, with the result that the cough and dyspnea ceased, the emphysematous resonance was diminished, and the patient was able to get up. On the 7th, 15th, and 21st of December other applications were made, and on the 29th the patient was discharged. The physical examination showed nothing but a slight want of elasticity over the right apex and a slight roughness of breathing in the corresponding supra-spinous fossa.

The result obtained in this was perhaps exceptionally good, but in France the treatment is no novelty. Besides chronic bronchitis, other diseases may be treated with great advantage by ignipuncture. In incipient consolidation and persistent pleuritic effusion much good might be done with the thermo-cautery, which in France is also a most important agent in the treatment of spinal complaints, and is one of the chief sedatives in locomotor ataxy. Many hospital physicians are now beginning to employ it more extensively; notably Dr. Broadbent, who has obtained from its use some very strikingly successful results in cases of disseminated sclerosis.

A great deal of discussion has been caused by the announcement that the "honor" of knighthood is to be conferred on Dr. Bennet, the outgoing president of the College of Physicians, and much disgust is expressed that a slight distinction usually reserved for civic and municipal authorities should be thought good enough for the head of a learned profession. A K.C.B.-ship and the position of privy councillor would be honors far more worthy of the medical profession and the dignity of the College of Physicians. As the St. James Gazette pithily said, "By the favor of the crown Dr. Bennet is to become a knight. If the president of the Royal College of physicians thinks that knighthood can add to his dignity, a knight no doubt he will

be; but the announcement serves to show that now, as in the past, the least-prized honor is held to be good enough for a leading member of the noblest of professions." They manage these things better abroad. A week or two ago Dr. Bacelli, a practicing physician of eminence in Rome, was appointed minister of public instruction. This week Dr. Alvarenza, of Madrid, has been summoned to the Privy Council with the dignities of a royal counsellor. M. Broca had just been nominated a senator before his death—a dignity conferred on Larrey, Nelaton, and Bert. The French Senate has never been without its medical members, while in the Chamber the medical deputies form a distinct party and have considerable power. In Germany Dr. Wilson married a princess of Würtemburg, and he and his wife reside at Breslau, much respected by the inhabitants of that city. Madame Esmarch, wife of the celebrated surgical professor at Kiel, is the aunt to Princess Victoria, of Schleswig-Holstein, married the other day to Prince William, of Prussia, the future emperor of Germany. It is only in England that the meanest recognition is bestowed on the medical profession.

Reviews.

Fever: A Study in Morbid and Normal Physiology. By H. C. Wood, A.M., M.D., Late Professor of Botany and now Professor of Materia Medica and Therapeutics and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania, Member of the National Academy of Sciences, etc. (Smithsonian Contributions to Knowledge, 357.) Philadelphia: J. B. Lippincott & Co. November, 1880. Pp. 258. 4to.

Drs. Wood and Horace Hare projected an exhaustive treatise on the physiology of fever, Dr. Hare to have conducted the chemistry of the undertaking; but his death broke this part of the arrangement, and Dr. Wood completed his investigations, which are presented in the volume under notice. It appears to have been contributed to the Smithsonian Institution, as an announcement on the reverse of the title-page is in these words: "Reprinted by permission from the stereotype plates of the Smithsonian Institution 'Contributions to Knowledge,' No. 357."

The headings of the four chapters are: The Essential Symptom of Fever; Concerning the Methods by which the Animal Organism Controls the Production and Dissipation of Heat; The Thermic Phenomena of Fever; The Theory of Fever. Twenty experiments on animals and the management of a man with sunstroke and another with acute rheumatism, suddenly invading the brain and running up the temperature to 108.8°, brings the author to the conclusion that "excessive temperature is the essential symptom of fever." Incidentally this chapter sets forth that the appropriate treatment of *coup de soleil* is the cold bath, or at least cold applied in some way—a bit of practical knowledge that may come handy to many a practitioner.

Altogether one hundred and twenty-one experiments were performed on animals, and the fruit of countless experiments

and observations by English, German, French, and other foreign writers has been gathered, assorted, and utilized in building up a theory of fever that is creditable to the author and valuable to the world. If time and space permitted it would be an agreeable task to follow Dr. Wood in the lucid and logical manner in which, step by step, he reaches his conclusions. Forbidden this, there is left the privilege of quoting his final paragraph, as follows:

> Bearing these facts in mind, the theory of a causation of fever becomes, to my mind at least, very plain. It is simply a state in which a depressing poison or a depressing peripheral irritation acts upon the nervous system, which regulates the production and dissipation of animal heat—a system composed of diverse parts so accustomed to act in unison continually in health that they become, as it were, one system, and suffer in disease together. Owing to its depressed, benumbed state, the inhibitory center does not exert its normal influence upon the system, and consequently tissue change goes on at a rate which results in the production of more heat than normal and an abnormal destruction and elimination of the materials of the tissue. At the same time the vasomotor and other heat-dissipation centers are so benumbed that they are not called into action by their normal stimulus (elevation of the general bodily temperature), and do not provide for the throwing off the animal heat until it becomes so excessive as to call into action, by its excessive stimulation, even their depressed forces. Finally, in some cases of sudden and excessive fever, as in one form of so-called cerebral rheumatism, the enormous and almost instantaneous rise of temperature appears to be due to a complete paralysis of the nervous centers presiding over heat production and dissipation.

The points in this paragraph will be observed as reaching deep into the arcana of the etiology of the chief phenomena of that diversified pathological condition which we denominate, in all its varieties, fever. Perfect knowledge in this direction will be the sure foundation of perfect therapeusis of fever.

The volume contains sixteen woodcuts of experiments on the cerebral convolutions of dogs, and is concluded with five plates illustrating some apparatus and the results of its working, used by the author in his investigations. J. F. H.

Food for the Invalid, the Convalescent, the Dyspeptic, and the Gouty. By J. MILNER FOTHERGILL, M.D., Edin., Member of the Royal College of Physicians of London, Associate Fellow of the College of Physicians of Philadelphia, etc., and HORATIO C. WOOD, M.D., Professor of Materia Medica and Therapeutics and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania, Member of the National Academy of Science. New York: McMillan & Co. 1880. Pp. 157.

Something to eat is a necessity of human life. Something good to eat is a desire of all men. Something proper to eat is an essential of health. The raw material for wholesome and palatable food, and it served in an unscientific and unwholesome style, seems to be the average condition of affairs in the United States. The industrious exhorter against the poisonous effects of alcohol on the human system raises on us the *cutis anserinus* as he details the horrors of the slaughtered hecatombs of the *beveragium infernalis;* but if some eloquent tongue had the facts of the miseries and crimes that come of bad cooking to tell, he would stimulate the inhibitory center of our sanguineous circle until the arrested current would coagulate while he depicted the writhing agonies of the kilotombs of the American cuisine.

A cook-book therefore scientifically conceived and popularly executed is a boon, and a cook-book prepared by doctors for the ill and the valetudinarian should have a special and higher value, because the appetite of these classes is uncertain, the digestion frequently defective, and the assimilation imperfect. The volume under notice is a cook-book prepared by two exceedingly clever doctors to enable other doctors not so apt with culinary knowledge to name the dishes and the method of preparing them for the invalid, the convalescent, the dyspeptic, and the gouty, and, when desirable, have an eye to economy as well. And the two hundred and ninety-eight recipes for preparing as many dishes bear the impress of being admirably adjusted for the purpose intended; so arranged and classified, in fact, that "by simply ticking with a lead-pencil such receipts as may be deemed suitable for the individual case the doctor can in a moment

provide a full dietary for his patient," as stated in the author's prefatory note.

The first twenty-seven pages are occupied by an introduction giving something of the scientific principles that underlie digestion and should be the foundation for the selection and preparation of food and beverages for both the well and the ill. For the major part this introduction is presented under the light of the most recent investigations in physiology, but at points there crop out sentiments that are survivals of exploded theories.

Foster's Physiology is appealed to for the composition of certain proximate principles—and it is good authority—for example, albumen, bile salts, and renal solids; but it is equally good for its teachings concerning the formation of the digestive fluids. And if credence had been given to Foster's lessons on the production of pepsin and pancreatin the authors would hardly have recommended the preparations of the stomach "of our useful friend the pig" as pepsin, nor the pancreatic extract with an alkali, as passing intact through the human acid stomach to aid intestinal digestion near its close. Foster teaches that both pepsin and pancreatin are created only at the moment of use from proximate principles prepared and held for that end by the special glands of the proper organs, and consequently whatever digestive energy may reside in the extract of the stomach and pancreas "of our useful friend the pig" it is not due to pepsin nor pancreatin, nor even to pepsinogen nor zymogen.

Our authors lay a heavy hand on some popular and favorite ideas; for example, this: "The prevalent impressions about beef tea show how little real knowledge exists about our food as regards our requirements. Beef tea is a stimulant rather than a food. A person may be hungered to death on it. It is a pleasant, palatable, refreshing beverage when well made. As a vehicle for farinaceous matters, or with a teaspoonful of cream in it, it is useful as food."

The book will prove a useful assistant to him who is called to give specific directions for the preparation of food for such patients as need an exact diet. J. F. H.

Minor Surgical Gynecology. By PAUL F. MUNDÉ, M.D., etc. With three hundred illustrations. New York: Wm. Wood & Co.

This is a recent volume in Wood's Library of Standard Medical Authors. It contains, including index, nearly four hundred pages of closely-printed matter. Dr. Mundé brought to the preparation of this work not only great information, but considerable experience, and has accumulated the results in useful form. We believe the book will be very valuable to those engaged in gynecological practice, and interesting to all practitioners. We know no man in this country better qualified to write such a work than Dr. Mundé—no man that could do it better than he has. And yet as we look at the wealth of speculums and the wilderness of pessaries here represented we are tempted to adopt the language of an old Greek visiting a fair, "How many things there are in this world we do not need!"

The book is dedicated to Dr. Fordyce Barker. But the book is almost entirely chirurgical—we use the word in its etymological as well as its common meaning—and Dr. Barker is very far from being a representative of surgical or mechanical gynecology. New York has a dozen men whose fame in this special part of a part of medicine is greater than his.

John Hunter and his Pupils. By S. D. GROSS, M.D., LL.D., D.C.L. Oxon., LL.D. Cantab., Professor of Surgery in the Jefferson Medical College, etc. Philadelphia: Presley Blakiston. Pp. 106.

The Philadelphia Academy of Sugery selected Prof. Gross to deliver its first anniversary address. The orator chose as his subject the life, character, and services of the founder of scientific surgery. The task which the author set for himself evidently grew in interest as he advanced in its study, until it ripened into a genuine love for the illustrious man whom, "with

the exception of Hippocrates, the father of medicine," he justly regards as "the grandest figure in our profession." As a memoir of Hunter the address is all that could be desired, and affords the profession in America a delightful opportunity to become acquainted with Hunter's life—"every incident of which is still rich with interest for us."* It was eminently fitting that the great American should tell of the deeds of the mighty Englishman, and unite in praising "the famous men and our fathers that begat us."

American Health Primers: Our Homes. By HENRY HARTSHORNE, A.M., M.D, formerly Professor of Hygiene in the University of Pennsylvania, etc. Philadelphia: Presley Blakiston. 1880. Pp. 149. 18mo.

"*Multum in parvo*" ought to be the motto of this number of the series of Dr. Keen's Health Primers. Dr. Hartshorne has managed to say much in this little volume that many people ought to read, and he has said it in a way that any ordinarily intelligent reader can understand. His language is free from technicalities, and where a word is used, that seems necessary to convey an exact meaning, not in common use, he defines it briefly but clearly, so that no misapprehension need exist. And this because the work is for popular instruction, not for professional reading.

Chapter I is an introduction showing the need and value of healthy homes, and then follow ten other chapters, one each on Situation, Construction, Light, Warmth, Ventilation, Water-supply, Drainage, Disinfection, Population, and Workingmen's Homes. And each of these topics has been handled with facts, figures, and arguments, in such manner as to be exceedingly rich in information that every body who is about to build a

* Luther Holden, Esq., Hunterian Oration, R. C. Surgeons, 1881.

house, or who owns a house, or who lives in a house, or who thinks about camping out ought to be in possession of. All doctors ought to read the primer and then induce their clients and friends to study and profit by it. J. F. H.

Drainage for Health, or Easy Lessons in Sanitary Science. By JOSEPH WILSON, M.D., Medical Director U. S Navy. Philadelphia: Presley Blakiston. 1881. Pp. 68, large 8vo.

Many well-known truths are told in this book; some of them briefly, plainly, pleasantly; some otherwise. Forty woodcuts illustrate the text, chiefly concerning drainage-pipes and apparatuses. The style of composition is unique, and is intended to be attractive, and to a large proportion of readers perhaps it will prove so. The familiar facts presented will bear repeating to those to whom they are familiar, if such have leisure for encores, and to others the contents of the volume will be instructive. J. F. H.

A Treatise on Oral Deformities as a Branch of Mechanical Surgery. By NORMAN W. KINGSLEY, M.D.S., D.D.S., President of the Board of Censors of the State of New York, State Dean of the New York College of Dentistry and Professor of Dental Art and Mechanism, Member of the American Academy of Dental Science, of the Odontographic Society of Pennsylvania, and of the Odontological Society of New York, etc. With over three hundred and fifty illustrations. New York: D. Appleton & Co. Pp. 541.

It may be safely said that Dr. Kingsley has presented in this portly volume a really good work. When the second edition is called for, which we predict will be soon, it can be made the very best treatise on oral deformities extant by being reduced just one half from its present size.

A Manual for the Practice of Surgery. By THOMAS BRYANT, F.R.C.S., Surgeon to and Lecturer on Surgery at Guy's Hospital, etc. Third American, from the third revised and enlarged English edition. Edited and enlarged for the use of the American student and practitioner, by JOHN B. ROBERTS, A.M., M.D., Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, etc. With seven hundred and thirty-five illustrations. Philadelphia: Henry C. Lea's Son & Co. Pp. 1005.

Both the previous editions of this massive work were reviewed at some length in our pages. Bryant's Surgery is the simple, modest record of the experience, the achievements, the observation, the thought of a strong, active, painstaking surgeon who, uniting to an uncommonly well-balanced mind the best opportunities, has supplemented both by an industry and conscientiousness which caused him to improve them to the full. The American editor, Dr. Roberts, has by his original labor already placed himself among the leaders of the younger surgeons of the country. His annotations to the present work are not merely numerous, concise, and judicious, but they evince such acquaintance with surgical practice on both sides of the Atlantic as to afford a certain guarantee that this volume is brought fully abreast with the general surgery of the period.

A Practical Treatise on Diseases of the Skin. By LOUIS A. DUHRING, M.D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania, etc. Second edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co. Pp. 644.

Whatever Dr. Duhring has written has commended itself to us as being thoroughly good, and we have said as much to our readers. The present volume if well studied will make it not only possible but absolutely easy for the general practitioner to familiarize himself sufficiently for all every-day uses with cutaneous affections. As such the work is of extraordinary value.

Handbook of Systematic Urinary Analysis, Chemical and Microscopical: For the Use of Physicians, Medical Students, and Clinical Assistants. By FRANK M. DEEMS, M.D, Laboratory Instructor in the Medical Department of the University of New York, Member of the New York County Medical Society, Member of the New York Microscopical Society, etc. New York: The Industrial Publication Company. 1880. Pp 30. 12mo.

Surely in these latter days if any one be found ignorant of a suitable method of examining urine for clinical ends it will not be because plain and efficient instructions for that purpose are not both abundant and cheap. This thin book in plain and simple language covers all the steps required to be taken for the sufficient examination of all kinds of urine for diagnostic purposes. It begins at the beginning and continues systematically to the end, pointing out in an appropriate way the apparatus required, the reagents needed, and where and how they may all be obtained. J. F. H.

Photographic Illustrations of Cutaneous Syphilis. By GEO. HENRY FOX, A.M., M.D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases. Forty-eight quarto plates from life, colored by hand, with descriptive text. In twelve numbers, issued monthly, $2 each. New York: E. B. Treat, 757 Broadway.

These illustrations may be regarded as the pendant of the illustrations of cutaneous diseases by the same author, and of which we had occasion as they appeared to speak in terms of the very highest praise. It gives us pleasure to be able to use similar words touching the present series. The descriptions contained in the text are concise, yet sufficiently full, while the words on remedies and treatment are most fitly spoken.

Clinic of the Month.

ON MORPHIA AND CHLOROFORM COMBINED TO PRODUCE AND MAINTAIN ANESTHESIA.—Alexander Crombie, M.D., Superintendent of the Medical School and Mitford Hospital, Dacca, Bengal, in a paper which he contributes to The Practitioner, says:

The practice I believe to be one the importance of which can not be overstated, and which, in my hands, has robbed chloroform almost entirely of its inconveniences and risks. The advantages derived from the combination are, first, the prolongation of the anesthetic effect of the chloroform, once it has been established; and secondly, the small quantity of chloroform required to keep it up afterward. The first advantage is most conspicuous in operations about the mouth and face. The prolongation of the anesthesia originally induced in this way is often so great as to enable me to perform operations of the first magnitude without being interrupted by the necessity of recommencing the inhalation of chloroform on account of the patient returning to consciousness in the middle of it. The benefit both to the patient and surgeon in these cases is too obvious to require mention.

But the chief benefit lies in the fact that so very small a quantity of chloroform is required to reproduce anesthesia which has been originally induced under the coöperation of the combined drugs, as long as the influence of the narcotic alkaloid continues. My experience is, that once complete surgical anesthesia has been so established, from half a dram to a dram of chloroform is usually sufficient to keep it up for half or three quarters of an hour; that is to say, during the whole of the time required for all ordinary surgical operations. I have thus, I flatter myself, been able to eliminate from my practice most of the risks and complications of an overdose of chloroform. Among the latter I include vomiting, which I rarely see now as the consequence of performing an operation under chloroform when morphia has been injected under the skin. Vomiting in some cases occurs very early, and often before anesthesia is complete; but in the later stages of an operation or after removal to the ward it is very rare indeed. I therefore

invariably use morphia in combination with chloroform in cataract operations; for although the long continuance of the anesthesia is of no consequence in these cases, the risks of vomiting are more surely avoided.

Last, but certainly not least, chloroform asphyxia has practically ceased to form part of my experience of the dangers of that anesthetic. It is true that during the first five or eight minutes after beginning the inhalation of chloroform, while the stage of excitement yet lasts, even after morphia has been injected under the skin, I not infrequently see the respiratory movements stop in a state of full inspiration. It is easily removed by taking away the chloroform from the face and then giving one or two smart slaps with the open hand over the epigastrium or forcibly depressing the lower ribs. It sometimes constitutes a considerable obstacle to the administration of chloroform when it recurs, as it sometimes does whenever the inhalation is recommenced. It usually disappears before anesthesia becomes complete, and if watched for and immediately removed is without risk. Very different is the arrest of the function of respiration in a state of expiration, which occurs during deep surgical anesthesia from paralysis of the respiratory center from the continuous inhalation of large quantities of chloroform. This grave danger has not occurred in my practice since I have made use of the combination of morphia and chloroform I am now advocating, and when the precautions I insist upon have been faithfully carried out. I attribute the immunity from this danger also to the small quantity of chloroform I require to give in order to keep up complete anesthesia when it has once been induced under the influence of morphia, and also to the great care I take that the free ingress and egress of air to and from the lungs are never for a moment interrupted.

The common liquor morphiæ hydrochloratis has never in my hands produced the smallest pain or irritation. Then an ordinary hypodermic syringe holds just the quantity of it—twenty minims—which I find to be usually sufficient. Were I practicing in Europe I should probably find it necessary to employ a larger quantity of morphia than one sixth of a grain—say a fourth or a third, which was the quantity used by MM. Labbé and Guyon.

I use for the administration of chloroform a metal cup with a perforated bottom, and with a piece cut out of the side for the reception of the nose. The chloroform is sprinkled on a piece of sponge which occupies the bottom of the cup. The whole fits loosely over the nose, mouth, and chin—so loosely that it is impossible for the most careless administrator to prevent the freest admission of air to the nostrils at

each inspiration. This is not the case with a folded napkin or towel which can be tucked closely around the cheeks and under the chin.

I next insist not only on there being nothing tight around the neck and waist, but on the upper part of the abdomen and lower part of the chest being bared; and the person charged with the administration of the chloroform is directed to divide his attention solely between the state of the respiration, which he is thus enabled to watch in the clearest way, and the condition of the sensitiveness of the cornea. The rise and fall of the epigastrium and lower ribs are the best indication that air is entering and leaving the lungs freely.

As soon as possible—that is to say, before there is complete anesthesia—as soon, in fact, as the relaxation of the muscles will admit of it readily, I cause the condyle of the lower jaw to be pushed forward out of the glenoid cavity on to the eminence in front. In other words, I insist on the teeth of the lower jaw being brought forward well in front of those of the upper, and retained in that position during the whole duration of the operation. This is easily done by pushing the bone forward by means of the thumbs placed behind the posterior margin of the ramus and angle of the jaw. This movement forward of the lower jaw has the effect of dragging forward the tongue by its root, and at the same time the hyoid bone, in consequence of the attachments to it of the mylo-hyoid, genio-hyoid, genio-hyoglossus, and genio-hyoid muscles. Since I adopted this expedient, in 1873, I have entirely discarded the use of the barbarous tongue-forceps. The traction exerted by the displaced lower jaw on the hyoid bone and root of the tongue is much more efficient in preventing occlusion of the glottis, by the tongue falling backward during deep anesthesia, than can be effected by forcible traction by forceps applied to its tip. If this displacement of the lower jaw forward is properly carried out there will not be the least stertor or other sound of impeded passage of air to and from the windpipe during a long operation performed in a condition of the deepest insensibility. If that insensibility is produced by the combined use of morphia and chloroform no difficulty will be found in keeping the jaw in that position for any length of time, for the chloroform is only applied to the face at long intervals, during which the administrator has nothing to do but to keep the jaw forward and touch the cornea from time to time, the inhaler lying at one side. Should consciousness partially return the jaw can be kept in position by one hand while the cup is being reapplied for a few seconds to the face. If during the performance of an operation I hear the least noise in the breathing I know that this traction on the root of the tongue is not being efficiently maintained, and a word of warning to the assistant

charged with watching the anesthesia suffices, by directing his attention to it, to restore that free and noiseless respiration upon which I insist throughout every operation.

By these means, by attention to these details, and by the combined subcutaneous use of morphia, asphyxia has practically ceased to form part of my experience of the risks of chloroform as an anesthetic. This I attribute to the small aggregate quantity of chloroform required to keep up deep insensibility during the whole time required for all ordinary surgical operations when morphia has been injected under the skin.

Of the other great risk of chloroform—paralysis of the heart—I have happily had no experience either before or since I adopted my present practice, and I am aware that this terrible accident sometimes occurs during the first few minutes of the inhalation of chloroform before anesthesia has been established. But the danger of this accident occurring during the stage of deep insensibility will, it stands to reason, be diminished in proportion to the smallness of the dose of the anesthetic required to cause and reproduce the anesthesia. The combination of the hypodermic use of morphia with the inhalation of chloroform would, I am confident, if universally practiced, by acting in this way materially lessen this grave danger. One death from chloroform is said to occur in five thousand cases; so that the experience of any one practitioner is not sufficient to form an opinion of the value of any procedure calculated to avert its risks. But if I have elimininated, as I believe I have, from my practice one of the dangers of chloroform—paralysis of the function of respiration due to overdoses of the drug—it is reasonable to think that an expedient whose chief value lies in the smaller doses required to produce the desired effect will serve to diminish other risks arising from the same cause.

On Skin and Epidermic Grafting.—Dr. James E. Pilcher puts this interesting subject in the following simple way in the January number of that sterling journal the Annals of Anatomy and Surgery:

The grafts, when placed in position, usually behave somewhat as follows: At about the second day the outer horny layer begins to separate, so that by the fourth day only a faint, pale spot marks the insertion, or there may be left no evidence at all. By the sixth day a faintly vascular tuft of granulations appears here. This becomes glazed, and in a few days more the usual appearance of a cicatrix is found. The patch is usually circular, and presents slight ridges. Its aspect as a

whole is difficult to define, although it has been said to bear some resemblance to a limpet-shell. This patch continues to increase in size until it reaches its maximum, which is rarely more than two centimeters in diameter. The average is about one centimeter.

The tissue formed is not skin proper, but what is called cicatricial tissue, and is marked by a liability of the newly-healed surfaces to a rapidly-destructive ulceration under slight disturbances. Practical observation has demonstrated that here, where the growth of epidermis is rapid and from a large number of centers, the resulting cicatrix is much less violently contractile in its tendencies, much softer and more skin-like than the ordinary cicatrix, and much less liable to destructive ulceration.

Grafting is indicated in all cases where there is loss of integument, whether of long standing or immediately after granulation has set in. It is indicated—

1. In all wounds in full and uniform granulation where there is slow healing or where we desire to accelerate it.

2. In chronic wounds or indolent ulcers of old or cachectic persons. It may be used with advantage in varicose ulcers with callous margins.

3. In those cases of extensive wounds where spontaneous cicatrization would be attended with considerable retraction of the parts, as in burns and scalds, I would lay especial stress upon this indication, since by following it up conscientiously many cases of great deformity can be prevented.

4. In wounds of hard surfaces covered with skin only, as in front of the tibia.

5. In cases of deformity from contraction of old cicatrices a portion of the old cicatricial tissue should be dissected up in such a manner as to give to the parts their natural appearance and mobility; then upon the granulating surface thus obtained epidermic grafts should be introduced.

6. In gaping amputation-wounds.

7. In ulcers and granulating surfaces upon mucous membranes, as in the os uteri and vagina, where a hard, contracted cicatrix is undesirable.

In addition to these which I have gathered from general practice, M. de Wecker gives the following indications in ophthalmic surgery: (*a*) It ought always to be employed in cases of burn of the eyelids or neighboring parts which give rise to suppurating wounds, and by faulty cicatrization of which deformity or displacement of the eyelids would be caused; (*b*) It can be very advantageously used in cases of partial

or complete ectropion of the eyelids in consequence of cicatricial contraction in their neighborhood—burns, caries, fractures, etc.; (*c*) [As modified by Wolfe] It may with advantage take the place of all blepharoplastic operations; (*d*) It ought to be employed in all cases in which the eyelids have undergone a considerable loss of substance in consequence of an accident, or after an operation from which a suppurating wound remains.

Before introducing grafts the patient should be in the healthiest condition possible, and the surface upon which they are to be applied should be prepared by careful tonic treatment and brought as nearly as possible to the health standard, the most favorable condition for the reception of grafts being that the ulcer should be in a condition of active, healthy granulation, and the more nearly that is attained the less danger is there of the failure of the graft.

The grafts should be obtained preferably from a wart, and, failing to get that, from some portion of the patient's body, if he be in a healthy condition, or from some other healthy individual. The epidermis, from most conveniently the forearm, should be raised with a pair of forceps and a sharp scalpel passed under only sufficiently deep to draw blood. The piece thus obtained should be divided upon the thumb-nail into bits having the diameter of about a millimeter. Should a wart be obtained, it may be treated in the same manner. Whole warts will not answer the purpose. The granulating surface then having been thoroughly cleansed and bathed with an antiseptic lotion, the bits of epidermis already obtained should be laid upon it about a half centimeter distant from one another and from the edge of the wound. All should now be covered with antiseptic and protective lint. This should not be removed until the fourth day, when the surface should be carefully cleansed with an antiseptic spray, or carbolized wash should be allowed to trickle over it, great care being exercised not to disturb the grafts. It should then be again covered with lint, and upon the eighth day another examination made. At this time, if necessary, additional grafts may be introduced in the manner heretofore described.

The results of skin and epidermic grafting thus practiced may be enumerated as follows:

1. A more perfect cure in all cases.

2. A cure where in many cases there would otherwise be a permanent and annoying ulcer.

3. A cicatrix more soft and mobile and less liable to destructive ulceration than in the ordinary process.

4 Entire absence of contraction or deformity.

ONE HUNDRED AND SEVENTY-TWO ANTISEPTIC ABDOMINAL SECTIONS; WITH REMARKS ON THE CAUSES OF DEATH IN THE FATAL CASES.—Dr. J. Knowsley Thornton, of the Samaritan Hospital, London, in the British Medical Journal:

After some remarks as to the details given in the printed tables which accompanied the paper, the author pointed out certain further information which should accompany statistical tables of operation cases, viz: 1. An account of all cases of abdominal tumors seen during the time covered by the tables but not operated upon, with the reasons why no operation was performed. 2. The highest temperature and pulse, with the day after operation upon which they were respectively recorded. Such additional information was necessary in order to show the success of the individual surgeon in dealing with ovarian or other similar diseases, and the general progress in this branch of surgery; and also to show the well or ill doing of the cases which recovered after operation. The fact that all the cases had been treated on Mr. Lister's method, and nearly all by the complete intraperitoneal ligature, was dwelt upon. Common methods of treatment in a large series of cases were especially useful in extending knowledge, by affording material for comparison with other methods. The importance of accurately following the teachings and practice of Mr. Lister, to the exclusion of so-called "modified Listerism," was insisted on. In the author's hands, the pure Listerism had reduced the mortality in the most common operation in the tables (ovariotomy) from 23.94 per cent to only four per cent; a result altogether beyond the mere improvement to be expected from increased experience in performing the operation. The question of drainage, by means of Dr. Keith's improved form of Kœberle's glass tube, was then discussed. The small mortality in the last seventy-five ovariotomies (four per cent) was claimed as a proof that drainage was unnecessary, if Lister's method were perfectly carried out in abdominal section; comparative statistics being given to prove the same conclusion. The question of selection of cases was alluded to in relation of two or three deaths in the last series of seventy-five cases; both were apparently hopeless, but were given the last chance; and both, though open to question as to completion, were included among the complete operations. The question as to what cases should be called complete or incomplete was discussed. A comparison of the mortality in simple and difficult cases (*nil* in the author's hands in the former); in the cases tapped or not tapped; and in those which had only one or both ovaries removed, was also given. The causes of death in the fatal

cases were given in some detail; and the bearing of the antiseptic method on the mortality was illustrated by a divison of these cases into three groups. The danger arising from the transfixion or opening of a diseased fallopian tube was pointed out as a possible cause of septicemia. This was also an important question in dealing with uterine fibroids. The incomplete ovariotomies and other operations in the tables were discussed; and, passing to the treatment of uterine tumors by abdominal section, the author pointed out the difficulties in the application of Lister's method to those cases in which the uterine cavity was opened, and showed from his statistics that, whereas in cases in which the cavity was not opened the mortality was only one in eight (and that one a very exceptional case in many respects), in the cases in which the cavity was opened three out of four died. The general conclusions drawn from the whole one hundred and seventy-two antiseptic cases were as follows: 1. Simple cases recover under Lister's method with a certainty previously unknown. 2. There is not so much fever, and convalescence is more rapid than under the old method. 3. The success obtained in the more complicated cases is in proportion to the exactness with which the antiseptic method can be applied to the individual cases. 4. The accidents and complications occasionally following operation—such as hemorrhage, for example—are more easily overcome in aseptic cases. 5. There are difficulties and even dangers in the application of the method; and the more experience the individual surgeon has in it, the more readily he foresees and avoids these, and the more complete becomes his success in applying it. In a few concluding words, the author pointed out how much peritoneal surgery owed to Mr. Lister, and how much more to Mr. Spencer Wells. Without the untiring energy and success of the latter, it would never have been in the position to benefit by the method of the former.

The Spaying of Women. Dr Bruntzel, of Breslau (Medical Times and Gazette), has published in the *Archiv für Gynäkologie* four cases to which we would draw attention. The first case died—so to that we need make no further reference. In the second case, a widow aged thirty-seven, the operation was done for hemorrhage due to an intra-mural myoma. Ergot had been used hypodermically without benefit. Both ovaries were removed, and so far as the operation itself was concerned the patient's recovery was in every respect satisfactory. She left the

hospital on the twelfth day. Three weeks after her discharge she reappeared, the bleeding having returned as badly as ever, and it persisted in spite of all treatment, the patient being still under care when Dr. Bruntzel wrote. The tumor did not diminish in size. The third case, that of a married woman aged twenty-six, was one of chronic peri-oophoritis. Both ovaries were removed. Convalescence was interrupted by an abortive attack of pneumonia, but the patient recovered and left the hospital on the twenty-fourth day. Since the operation menstruation has ceased, but the patient still complains of her old pains, which are just as they were before the operation. In the fourth case, hystero-epilepsy was the disease it was sought to cure. The patient, aged thirty-two, recovered from the operation, in which both ovaries were removed. She left the hospital on the thirteenth day. She never again menstruated; but her condition after the operation was no better, but rather worse. The removal of the ovaries did nothing whatever to relieve her. These cases are very valuable ones, adds the editor of the Medical Times and Gazette. Spaying will not cure every disease of the pelvic organs; and it is of the utmost importance for enabling us to find out what it will cure and what it will not, that *every case* should be fully recorded, and that the condition of the patient should be ascertained, not only when she leaves the hospital, but for a long time afterward.

The Treatment of Malignant Pustule. — M. Verneuil stated, in an important communication to the Académie de Médicine on this subject, that the malignant pustule consists of three zones or regions: First, the slough or gangrenous zone with its characteristic vesicles; secondly, an indurated zone presenting on its surface other vesicles; and lastly, the zone of edema. Until recently surgeons have concentrated their attention on the central or gangrenous zone, having applied almost no treatment to the indurated zone, and always none to the zone of edema beyond poulticing and leeching. According to M. Verneuil it is important to apply to each zone special and energetic treatment.

These are—first, to destroy or excise the gangrenous part; secondly, to incise and cauterize deeply the zone of induration; thirdly, to disinfect, by antiseptic hypodermic injections, the zone of edema; lastly, to employ general antiseptic treatment, such as the internal administration of iodine or some other efficient internal antiseptic. The experiments of Davaine have shown that iodine, even in small doses, has an efficient neutralizing action on the virus of anthrax, and it is possible, according M. Verneuil, to introduce into the circulation a sufficient quantity of iodine to produce this effect. The hypodermic injections into the edematous zone should also consist of iodine, ten drops of a one-half-per-cent solution. The first case thus treated was one of malignant pustule on the arm, in which the actual cautery had failed, and amputation was contemplated; the treatment was perfectly successful. In another case the pustule was situated on the eyelid, inoculation having been effected by inadvertently scratching a pimple there. The eyelid was much swollen, and presented the characteristic vesicles and bullæ, and there was considerable edema of the whole of that half of the head. The temperature was 103°; the patient was delirious, sleepy, and vomited continually. The pustule was destroyed by means of the thermo-cautery. In the zone of induration a series of punctiform cauterizations were made with the same instrument, to a depth of one third of an inch, and then the solution of iodine was injected in the edematous part at intervals of five centimeters. The temperature rapidly fell. The delirium, somnolence, and vomiting ceased as if by magic, and on the third day the patient was out of danger. In the discussion which followed M. Léon Labbé agreed with M. Verneuil as to the necessity of cauterization in the zone of induration, and employed it even in the edematous region. He was inclined to attribute more importance to this measure, employed in an energetic and even, as it might seem, barbarous degree, than to the injections of iodine. M. Gosselin urged the importance, before applying the treatment to every pustule which had a malignant aspect, of ascertaining if it were really anthrax, by microscopical examination

of the serum in the vesicles and of the blood. M. Verneuil, speaking from the standpoint of practical surgery, maintained that better indications could be drawn from the clinical aspect of the affection than from the presence or absence of bacteria. He had seen cases in which bacteria were found in the vesicles and in the blood, although the symptoms were benign, and others in which, in spite of the absence of bacteria, the augmenting gravity of the affection necessitated the use of the most energetic remedies.

Tracheotomy by a Single Incision.—M. de Saint-Germain has up to the present time performed two hundred and twenty-seven tracheotomies without having met with a single accident of any consequence. A declared opponent of the operation by repeated incisions made with calculated deliberation, he places the child on a table with his shoulders lying on a firm cushion, and his head hanging down, firmly supported by an assistant. He fixes the larynx with his left hand, seizing it by its lateral and posterior parts as if he would separate it from the spinal column, and then plunges a bistoury with a straight and narrow blade into the crico-thyroidean membrane, having its cutting-edge toward the sternum. Passing this in to a depth of fifteen millimeters, he divides, by a sawing movement without pressure, the cricoid cartilage, the two or three first rings of the trachea, the isthmus of the thyroid, and the skin. While removing the instrument, he prolongs the incision a few millimeters in the skin to facilitate the flow of the fluids. The edges of the wound are then separated by the dilator and the canula is introduced. If the slight hemorrhage does not cease very quickly, it is arrested by substitution of a larger canula. (*Gaz. des Hop.*)

Anemia of Chlorosis.—

℞ Ferri vini amari, ... ℥ vijss;
Tinct. nucis vomicæ, ... ʒ iv;
Liq. potass. arsenit., ... ʒ ij.

M. S. A dessertspoonful in a glassful of water just after each meal. (Gaillard Thomas.)

MAIZE AND MAIZENIC ACID.—Dr. Vauthier, in the *Archives Med. Belges*, concludes a paper on these products of the Indian corn as follows:

1. The action of maize is always favorable in all affections of the bladder, whether recent or chronic.

2. Maizenic acid is the active principle of the stigmata of maize, and it alone contains the therapeutic properties.

3. The diuretic action is not constant. It is met with in cases of acute traumatic cystitis and in cases of retention; but here the improvement in micturition is due to the recovery of the affected organs, and not directly to the action of the maizenic acid.

4. The best results are observed in uric and phosphatic gravel, in acute cystitis, whether simple or due to gravel, and in mucous or mucopurulent catarrh.

5. In the cases observed by the writer the ordinary remedies for these affections had already been employed without benefit, while the maize never failed to effect a cure. In connection with the maize simple and medicated vesical injections were employed.

6. Maizenic acid, moreover, has the power of dissolving calculi by its chemical action, and not only vesical calculi, but also all the other calcareous concretions that are met with in the human system. Hence its use seems indicated in cases of gout and rheumatism, as well as in affections of the urinary organs.

The preparations used by the author were the infusion (ten parts of corn silk to one hundred of boiling water, with syrup *ad libitum;* dose, a tablespoonful every two hours), the extract in doses of one and one half to three grains, and maizenic acid in doses of one eighth of a grain in pill or mixture. (North Carolina Med. Jour.)

TREATMENT OF MAMMARY ABSCESS.—Dr. Hiram Corson, of Conshohocken, Pa., in the American Journal of Obstetrics, after alluding to the usual routine of cloths steeped in hot vinegar, plasters, and poultices, states that for the past twenty-seven years he has used no other remedy but cold applications, his method being to fill a bladder part full with cold water and ice in it and apply to the inflamed part. This application of ice-water affords almost immediate relief, and if suppuration has not taken place will always prevent it. And indeed in cases which have already "suppurated, been poulticed, and broke," or been lanced, this

method is "just as applicable, efficient, and safe." "I have very often been called to women whom I have found with a breast painful, swelled, and red over the swelled part—the result, the patient would tell me, of a 'chill,' which happened in the night and fell right away on the breast, since which time she had had no rest. I here at once applied the ice, and in no instance, if suppuration had not already taken place, have I failed to disperse the inflammation, at the same time that I brought comfort to the patient. In some cases I have found the suppurating process so far advanced that nothing could prevent it; but even here I apply the ice, knowing that it will give the woman great comfort, by removing the heat, allaying the inflammation, and thus preventing any more of the breast from becoming involved in the suppurating process." (Obstetric Gazette.)

Sore Nipples.—

℞ Aquæ rosæ, } āā . . . . . ℥ ij;
Glycerin, }
Acidi tannici, ... ʒ ij.

Ft. lotion. S. Soak lint in this solution and apply to nipples. (Fordyce Barker.)

If the ulcerative process has commenced it is advisable to stop nursing, and paint the nipple with a solution of nitrate of silver, ten grains to the ounce of distilled water.

Pruritus of Pregnancy.—

℞ Thymol, ... gr. xv;
Vaseline, ... gr. xxx;
Powdered brick clay, ... ℥ iij.

Dissolve the thymol in the vaseline and rub it up with the clay. (Pallen.)

This is to be applied to the pruritic parts, washed off every day or two, and reapplied. Dr. Pallen's experience has been that excepting those cases depending on trophic-nervic causes this prescription will always effect a cure. He advises its use also in herpes and similar eruptions accompanying later months of gestation.

PHLYCTENULAR CONJUNCTIVITIS.—Dr. W. W. Seely in a recent clinical lecture thus speaks of the treatment of this affection:

For phlyctenulæ not involving the cornea to any extent the local treatment usually suffices for relief, and is extremely simple. It is never necessary to use, what is so often recommended, viz. atropia, since you will find that it often adds to the irritability of the eye. We formerly were in the habit of waiting till the irritation had subsided somewhat before beginning the local treatment, simply because the remedies used were themselves irritating.

This case presents vesicles not yet ruptured, though you see I apply the yellow oxide in vaseline (five grains to the half ounce), and assure you that tomorrow when the child is brought here it will present a vastly different aspect. You will find that this remedy can be used right from the beginning, and is altogether the best one and the only one needed so long as the cornea is not involved. If there were many sores about the face, nose, or mouth we would simply use an ointment of vaseline and boracic acid, as you have often seen, it being a perfectly bland application and thoroughly efficient.

I will say in regard to the yellow oxide in these cases that it has always been used in too strong preparations and in a vehicle that of itself is irritating. The strength I recommend is quite enough. If you are inclined to use an eye-water let it by all means be *eserine* instead of *atropine*, and procure the *salicylate* of eserine if possible, preparing a little at a time, so that it shall be fresh; that is, free from sources of irritation.

Constitutional remedies must depend upon the general state of the child; that is, whether it is in such a condition as to need internal medication on general principles, when of course cod-liver oil, quinine, and iodide of iron can be given.

Do not be tempted into using an astringent because of an accompanying catarrh, as it would be a very grave mistake. The remedy I recommend is altogether the most efficient one in *any case* of conjunctival catarrh, accompanied or not by phlyctenulæ. Often the catarrhal symptoms are the most prominent, the phlyctenulæ hardly developing, but suspected by the points of radiating injection over the bulbous conjunctiva. Under such circumstances, even though no phlyctenulæ be present, avoid all use of astringents.

THE SALICYLATE OF ESERINE.—Ordinarily the salts of eserine are unstable. Merck has therefore proposed the use of the salicylate of eserine, which salt appears to be more readily preserved

than most of the combinations now in use. This new preparation occurs in the form of bright, needle-like crystals, which are colorless, and soluble in twenty-four parts of alcohol and one hundred and thirty of water at 16° C. Solutions of one to fifty remain clear for about a week. They assume a slightly red color when exposed to light, but they are not turned brown, as are solutions of the sulphate. Besides, it is hardly necessary to use such concentrated solutions in ophthalmological practice. The salicylate of eserine contains 66.6 parts of eserine to 33.4 of salicylic acid in one hundred parts. (*La France Médicale.*)

Chian Turpentine Worthless in the Treatment of Cancer.—Mr. Henry Morris, in the Lancet, says it can not be relied upon to assuage pain, to diminish or alter the character of the discharges, to check hemorrhage, or promote the destruction of the growth by ulceration or sloughing. "It would have been a pleasant task to report a number of successes and to congratulate Professor Clay upon having made the discovery of a cure for cancer; but after a long and careful trial the conclusion forced upon me is, that as a cure for cancer Chian turpentine is utterly valueless."

Simple Continued Fever.—

℞ Acid hydrobrom., ... ʒj;
Syr. simplicis, ... ʒij;
Aquæ, ... ad. ℥j.

M. S. Every hour. (Fothergill.)

Dr. Fothergill, in speaking of the above formula, says it will probably constitute *par excellence* the fever mixture of the future. It is especially indicated where there is cerebral disturbance.

Notes and Queries.

THE KENTUCKY STATE MEDICAL SOCIETY will convene at Covington on Tuesday, April 5th. Many members have expressed their intention to be present, and much seems to be expected of the meeting. Covington is an accessible place. Cincinnati with its numerous attractions is just across the river, and if but a tithe of its physicians step over and take something with us the gathering from that source alone will be a large one. The Society is certainly at present well officered. The president, Dr. Todd, is an experienced parliamentarian. Dr. McMurtry, the secretary, will give the business at his desk quick dispatch. Many papers have been promised, and no doubt the majority of these will be read. But with all these advantages it is barely possible that a few of the veterans present may feel that the meeting has not been as instructive, as altogether profitable in a scientific way as it might have been made. They may think too much time is consumed in mere business matters, and may wish that all secular concerns whatever should be confined exclusively to the first twenty minutes of the morning session, whereby a long catalogue of abuses would be corrected and a lot of most dreary nuisances abated. Indeed they may even make bold to believe that if this should become an inflexible rule* of the Society and be instantly enforced by the chair, the effect would be to keep the point-of-order man and the amendment man and the privilege-question man and the ethical man and the vote-of-thanks man, and finally the adjournment man, *et id omne genus*, in their proper places. The general feeling among mem-

*The writer introduced at the meeting in 1877 a resolution which restricted all other than scientific matters to the first hour of the morning sessions. The resolution passed into a by-law, but has never been enforced. An additional experience of four years leads him respectfully to submit that twenty minutes is full enough time to give to irregular business.

bers who have had any experience in society meetings is that all mere business concerns, all the dreary details of moving and seconding and substituting, should be rushed through in order to give time to the scientific work—the only proper work—of a society. A fixed hour for these matters and a very brief limit allowed them would secure both these objects.

Another thought which may possibly arise in the minds of the older members is that the interest and profit of some of the previous meetings of the Society were materially lessened by the length of the papers offered, and they may wish that the chair should enforce a by-law which declares that no essay or report shall exceed twenty minutes in the reading. If this law* were rigorously executed time would be had for the discussion of papers, an interchange of views would be heard, the practical experience of members elicited, and a life imparted to the sessions which would make men feel that it had been good to be there. The same law which sets a limit on the length of essays defines the time allowed to each member to air his opinions in speech.

It does seem to us that if, as suggested, all secular matters be compressed into twenty or thirty consecutive minutes daily, and the two laws to which allusion has been made be relentlessly executed, the State Society would in that moment see fall from its feet shackles which have greatly impeded its progress, and feel drop from its arms thongs which have prevented it from enfolding a larger and more active membership.

It has been said that man shall not live by bread alone. Medical societies *can not* live by papers alone. The variety afforded by discussion, by the short, quick, spirited interchange of opinions between physicians touching points of practice is just as essential to the growth, development, usefulness, and longevity of a society as other food than bread is necessary to like qualities in the individual man.

* This is the rule of the medical societies in England, and is executed without respect to persons. In the same societies ten minutes only are allowed to speakers in debate. The twenty-minutes law became one of the laws of the Kentucky Society in 1877, but, like the other introduced by the same person, has been up to this time a mere dead letter.

We indulge the hope that a change may be witnessed at Covington in the usual annual *menu* of the time-honored Society, on whose roll of honor glow the names of so many illustrious dead, and whose living membership consists so largely of the physicians of rank and experience in all parts of the State of Kentucky.

INTERNATIONAL MEDICAL CONGRESS. — The following very interesting account of the coming Medical Congress has been sent us by a valued friend in London, and should in itself stimulate the profession in America to take its full share in the great event the scope of which the letter so well describes:

Since international enterprise first took shape in our great exhibition in 1851 many international meetings have been held in this country for various purposes. This tendency toward the personal interchange of ideas has, it seems, affected the profession of medicine. On August 2d of the current year an International Medical Congress will be held in London for the first time in England. Similar meetings have taken place before in other capitals, but probably none on so large a scale as the forthcoming one is likely to assume, which, as it indeed befits the place in which it will be held, is being organized in a very complete and comprehensive manner. Medical men from many parts of the world have already signified their intention to attend this Congress, and a large number of the most distinguished professors of medicine in all its branches, in the universities and medical schools both of the Continent and of America, are expected to take part in the proceedings. It was indeed to suit their convenience that so late a period of the year was fixed upon. By August the London season is well nigh over, and London medical men in general are just about to enjoy their well-earned holiday; but it was found impracticable to insure the attendance of the continental professors at any other time.

When the presidents of our Colleges of Physicians and Surgeons to whom intimation of this Congress was first sent learned that it was the unanimous wish of the last Congress, which met in Amsterdam in 1879, that the next session should take place in England, they at once took steps to ascertain the feeling of the profession in this country, which was found to be willing to give the proposal its hearty support. An executive and other committees were formed, and the work of organization has been in full activity during the past eleven months,

so that much has been already accomplished, and some of the arrangements are even thus early completed. The Queen, recognizing the importance of the occasion, has been graciously pleased to become patron of the Congress, and His Royal Highness the Prince has also taken a personal interest in the matter and has consented to become a patron of the undertaking—a good omen for the success of the Congress and a sign of the interest taken by the royal family in a science so closely connected with the national well-being. The Congress will be presided over by Sir James Paget, and thirty-five vice-presidents have been nominated from the most distinguished scientific medical men in the United Kingdom. In order to accomplish the consideration of so large an amount of matter as seems certain to be brought forward, the Congress has been divided into fifteen sections, each of which will have a president supported by vice-presidents, a council, and honorary secretaries. These sections embrace every branch of medical science, both general and special. In glancing over the programme which has been put forth we are startled to see what a really vast range of subjects modern medicine covers.

The medical schools of different countries possess different traditions, and the members of the profession in France, Germany, and other parts of the Continent, as well as our medical cousins in America, hold different not to say conflicting views on many points of cardinal importance. The same fact even will change its outward character when clothed in the ideas of different persons. It can not, we think, fail to be important to afford an opportunity for the meeting together and for the interchange of opinions of men holding, in some points at least, views as dissimilar as the countries from which they come. Besides, disease is modified by climate and by race; some disorders are wholly endemic, while others are epidemic. Much information will doubtless be contributed on these and other matters of cosmopolitan interest. State medicine will have a section for itself in this great Congress, and it is to be hoped we shall see more clearly, by aid of its meetings, how to deal with that ever-pressing question, the prevention of disease. Military medicine and surgery also will have its section, where the hygiene of armies and the health of the soldier at home and abroad, as well as the wounds he may receive in battle, will be discussed. This, it seems, will be the first time in England our military and naval surgeons have had an opportunity of meeting together to consider the peculiar concerns of their branch of the profession. There can be no doubt as to the advantage which such an occasion, which we learn is being eagerly looked forward to, will afford; and the more so because the sections will be attended

by many of the military surgeons from France, Germany, Italy, and Austria.

The week during which the session of the Congress will continue will be a busy one. Besides the president's address and the work carried on in the fifteen sections, four general addresses will be given to the Congress by as many men of distinguished international reputation representing France, Germany, America, and England. Professor Huxley, who is a member of the College of Surgeons as well as a man of science, has, so far as the English address is concerned, accepted the task for his countrymen, and will doubtless fulfill it with all the eloquence and genius which he is known to possess. After the day's work is done the foreign guests will be shown much both of public and private hospitality. An evening has been set apart on which the Lord Mayor of London will entertain at dinner as many as the Mansion House will accommodate. The English members will upon another evening entertain their foreign *confrères* at a *conversazione* in the South Kensington Museum. The College of Physicians purposes to hold a reception at its house in Pall Mall, as also does the College of Surgeons in its Hunterian Museum in Lincoln's Inn Fields, while many entertainments of a less public character are being arranged.

It is expected that not less than two thousand medical men comprising the *élite* of the profession will assemble to do honor to this great occasion, and it is confidently hoped that scientific results will be realized and that professional and therefore public advantages will be reaped from this Congress which will amply compensate all concerned for the labor of preparation for an event which will be unique in the medical annals of this country.

Indiana State Medical Society.—The annual meeting of this Society has been deferred one week, and will not be held until the third Tuesday—the 17th—of May. This has been done in order to allow such members as desire to do so an opportunity to attend the meeting of the American Medical Association at Richmond, Va., May the 3d. In furtherance of the latter object, Dr. Elder, the efficient secretary of the Indiana Society, has arranged for excursion tickets to Richmond via Cincinnati, Washington, etc., good for twenty days. For further information address E. I. Elder, M.D., Masonic Temple, Indianapolis.

TRI-STATES SOCIETY.—This vigorous stripling refuses to down at the bidding of such of our cotemporaries as would relegate it to the great limbo of vanity. It again springs to the front in that usually amiable monthly, the St. Louis Medical and Surgical Journal, in a way which suggests the man in the play who, throwing himself in the attitude of the prize-fighter, says, "We will argue this philosophically and physically." The physical aspects of the argument, being plainly aimed at the Louisville Medical News and the Cincinnati Clinic, we will leave to those nimble weeklies to meet. The philosophical side of the question is clearly intended for our own peaceful selves, and is thus neatly stated by the Missourian: "We acknowledge that the meeting at Louisville was not a success; they had too many colleges to attend to." Who "*they*" is, we timidly deny. "We are," continues our friend, "compelled to say that the committees did not do their work thoroughly, and that strangers were compelled to wait while home physicians read their papers," which, we submit, in all the mildness of a sucking dove, does not consist with "they."

But a truce to all this captiousness. There 's better work ahead than higgling over dead issues. Let 's get at it. Let 's cheer one another if we run; console one another if we fall. Let 's set our faces toward the sun, that the shadows may fall behind us; and thus shall our thoughts ripen and our sentiments mellow against the fall of the russet leaves of another October, when such as choose may hie them to the hospitalities of the Home Guards of St. Louis. Until that auspicious time [here 's that it may come to all of us many times over!], *exeunt omnes;* and, in the language of Tecumseh, "Dashed be he who does not cry 'hold, enough!'"

Ed. American Practitioner:

The Thirty-second Annual Session of the American Medical Association will be held in Richmond, Va., on Tuesday, Wednesday, Thursday, and Friday, May 3, 4, 5, and 6, 1881, commencing on Tuesday at 11 A.M.

The delegates shall receive their appointment from permanently

organized State medical societies and such county and district medical societies as are recognized by *representation in their respective State societies*, and from the Medical Department of the Army and Navy and the Marine Hospital Service of the United States.

Each State, county, and district medical society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city, or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of medical societies as above designated are earnestly requested to forward *at once* lists of their delegates.

The chairmen and secretaries of the several sections are—

Practice of Medicine, Materia Medica, and Physiology—Dr. William Pepper, Philadelphia, chairman; Dr. T. A. Ashby, Baltimore, Md., secretary.

Obstetrics and Diseases of Women and Children—Dr. Jas. R. Chadwick, Boston, chairman; Dr. Jos. T. Johnson, Washington, D. C., secretary.

Surgery and Anatomy—Dr. Hunter M'Guire, Richmond, Va., chairman; Dr. Duncan Eve, Nashville, Tenn., secretary.

State Medicine—Dr. James T. Reeve, Appleton, Wis., chairman; Dr. R. G. Jennings, Little Rock, Ark., secretary.

Ophthalmology, Otology, and Laryngology—Dr. D. S. Reynolds, Louisville, Ky., chairman; Dr. Swan M. Burnett, Washington, D. C., secretary.

Diseases of Children—Dr. A. Jacobi, New York, chairman; Dr. T. M. Rotch, Boston, secretary.

A member desiring to read a paper before any section should forward the paper, or its *title* and *length* (not to exceed twenty minutes in reading), to the chairman of the Committee of Arrangements at least one month before the meeting.

W. B. ATKINSON, *Permanent Secretary.*

PHILADELPHIA.

PRELIMINARY EDUCATION, OR GREEK AND LATIN STUDIES.—The question "Is it or is it not a waste of time for students to spend so many years of their life in the study of Greek and Latin, preparatory to entering the profession?" is thus answered by Mr. Luther Holden, late President of the Royal College of Surgeons of England, in his recent eloquent oration on John Hunter:

I will ask you, sir, and all who have taken part of late years in our examinations, whether you have found, as a matter of fact, that ignorance of the classics is compensated for by a knowledge of science, and that the best scholars are the worst anatomists? And this, I take it, would be the case if the question were merely one of economy of time, if the hours which are now said to be wasted in learning classics were really better spent upon other subjects. But since it is a matter of experience that those who come before us best prepared in professional subjects are just those who have had the most complete classical training, it is evident that any surrender of this training is designed as an indulgence to the less intelligent and industrious who seek admission within our ranks.

The mind must undergo a long training before it is fit to grapple with science, and if we set aside classical education we shall be ignoring the value of the best system of training which exists. My own experience as a teacher of forty years fully corroborates this. In students who have had a public school training I have found a fuller development of the logical faculty, a more cultivated memory, a greater grasp and power of combination. I have found the task of teaching them so much easier that I have no hesitation in saying that I can teach such pupils more in two months than others who have had no like education in six.

Bearing this in mind, let us strive to raise rather than lower the standard, by requiring a proof of sound classical training from those who, if they have not had this, have probably had little or no mental training whatever. Above all, let us not further hamper our noble profession, which in nine cases out of ten is taken up as a means of gaining a livelihood, with the stigma of being illiterate, nor subject the youths who are to be the future representatives of English surgery to the danger of being looked upon as "symbols" of an inferior education.

Let us most earnestly incite them to acquire, at the only time of life when they are likely to acquire it, some initiation into the thought and life of the grandest period of the world's history. Let us not

draw a veil over their eyes, which must hide from them the light of that splendid illumination before which all modern thought as well as art must bow, to the rekindling of which we owe our own brilliant outburst of energy; which is necessary, I am bold to say, to the intelligent and proper study of our most holy religion, and which holds the keys of all that is most ideal and divine in the life of man.

NAUGHTY AS THEY ARE, HOW WE SHALL MISS THEM!—The Rev. — Nutting, of Massachusetts, has been telling in a recent lecture how like angels' visits have become the youthful yankees. He says:

During the past twenty-five years the birth-rate has decreased about as fast as the divorce-rate has increased, and where the birth-rate is lowest—which is where yankees most abound—the divorce rate is highest. There is a close connection between a low birth-rate and a high divorce-rate, the relation between the two being that of cause and effect. In the history of nations there never has but three times occurred such a breaking up of the family as is now taking place among people of New England blood. When the Greek and Roman empires were about to fall, and during the French Revolution of the last century twenty thousand divorces were obtained in France in one and a half years. Bad as this is, when the population is compared, it is not equal to what is true of Rhode Island and Connecticut of late years.

WHEN SCIENTISTS OUGHT TO BE KILLED.—Prof. Huxley says he has long entertained the conviction that any man who has taken an active part in science should be strangled at sixty. In his experience ninety-nine men out of every hundred become simply obstructionists after that age, and not flexible enough to yield to the advance of new ideas. They are, in short, "old fogies;" and he thinks the world would be benefited by the operation he suggests. It may be interesting to note, by the way, that the learned professor himself is fifty-five.

FOR REMOVING NITRATE OF SILVER STAINS.—Ten parts sal ammoniac and ten parts of corrosive sublimate in one hundred parts of water will remove silver stains from the hands and linen without damage. (Amer. Jour. Phar.)

AN APPEAL TO THE MEDICAL PROFESSION.

Although the Index Medicus during its second year has not been so great a loss financially as in its first, its actual expenses are not yet fully covered by subscription, the mass of material and the labor involved making it a far more costly publication than any similar periodical issue. The value of the work has, however, been so thoroughly recognized by those who have practically tested it that a number of American subscribers have volunteered, in addition to their subscription, to contribute to a guarantee fund for the purpose of securing the publisher against further loss and at the same time to give the medical profession another opportunity to place the publication upon a self-supporting basis. Thus it has been decided to give it another year's trial, and it is hoped that the example set by an appreciative and generous minority will not prove fruitless. Only two hundred more subscriptions are required to permanently establish a publication which is of incalculable benefit to the whole medical world. Even where individual subscriptions can not be afforded, some personal influence among the medical societies and libraries, a few words of earnest commendation to medical friends or through the medical press, would accomplish the desired end.

It is almost unnecessary to say that the suspension of the Index would prove an irreparable loss to the entire profession. It is doubtful whether the publication could ever be revived under similar favorable conditions, viz. The vast material and admirable system at the National Medical Library in Washington; the capacity of the editors, equaled only by their personal sacrifice and devotion to their laborious task; a publisher who, after all his discouragement and loss, again offers his services without expecting any remuneration until the enterprise is established.

It would be presumptuous on the part of the publisher to dwell on the merits of the work itself when the most prominent men of the profession have given it their hearty support and unqualified commendation. But he should be permitted, on this very ground, to ask every one interested in the promotion of medical science and literature to aid the undertaking either in the way of individual subscription or personal influence.

The Index Medicus is a monthly classified record of the current medical literature of the world, compiled under the supervision of Dr. John S. Billings, Surgeon U.S.A., and Dr. Robert Fletcher, M.R.C.S. Eng. It records the titles of all new publications in medicine, surgery, and the collateral branches received during the preceding month.

These are classed under subject-headings and followed by the titles of valuable original articles upon the same subject found during the like period in medical journals and transactions of medical societies. The periodicals thus indexed comprise all current medical journals and transactions of value, so far as they can be obtained.

The Index Medicus is published monthly, and supplements all the leading medical journals (American and foreign) as a current guide and general index to all.

Subscription price per annum, postage prepaid, for United States and Canada, $6. *Sample copies sent free on application.* The addresses of probable subscribers are desired from the friends of the enterprise.

Address F. LEYPOLDT, *Publisher*,
13 and 15 Park Row, New York.

If one word of ours could add to the force of this appeal we would be only too glad to say it. The Index is the only work we have ever seen which, in the strictest sense, should be in the hands of every physician, since no one can do without it and keep abreast with his profession.

TO THE STATE SOCIETY.—The following arrangements have been made for transportation:

The Louisville, Cincinnati & Lexington Railway will charge one and two thirds fare for round trip.

The Kentucky Central Railroad will charge one and one third fare for round trip.

Members will pay full fare going and two thirds and one third fare respectively returning.

The Cincinnati Southern Railway will furnish round-trip tickets at two and a half cents per mile each way.

The Memphis & Ohio River Packet Company's steamers will make the usual reduction of rates to members.

LEVIN SMITH JOYNES, A.B., M.D., LL.D., was born in Accomac County, Va., on May 13, 1819; he died in Richmond, Va., January 18, 1881, in the sixty-second year of his life. Dr. Joynes's death was a calamity to the profession of the State. His now finished life was an exemplary one. "Being dead, he yet speaketh," and the influence of his life will long be felt by those who knew him and who had been associated with him.

DEATH OF DR. GEORGE ALEXANDER OTIS.—The following announcement from Dr. Barnes chronicles the death of this most excellent surgeon and modest gentleman:

WAR DEPARTMENT, SURGEON-GENERAL'S OFFICE,
WASHINGTON, February 25, 1881.

It is with profound regret and a sense of loss, not only to his corps, but to the medical profession, that the death of George Alexander Otis, Surgeon and Brevet Lieutenant-colonel U. S. Army is announced.

Dr. Otis, born at Boston, Massachusetts, November 12, 1830, graduated from the Medical Department of the University of Pennsylvania in 1850; established himself at Springfield, Massachusetts; was appointed Surgeon 27th Massachusetts Volunteers September, 1861. After the close of the war he entered the Medical Corps U. S. Army as assistant-surgeon; became major and surgeon 1880, having received the four brevets of lieutenant-colonel of volunteers, captain, major, and lieutenant-colonel U. S. Army for meritorious services during the war. Assigned to duty in the Surgeon-general's Office 1864, he was curator of the Army Medical Museum and in charge of the Division of Surgical Records until his death.

Surgeon Otis, with his personal observations of the surgical collections abroad, brought indefatigable industry and untiring energy to the development of the surgical and anatomical collections of the Army Medical Museum, which he has made the most valuable of their kind in the world. The compilation of the Surgical Volumes of the Medical and Surgical History of the War has placed Surgeon Otis confessedly among the most prominent contributors to surgical history.

Surgeon Otis wrote for publication no less than ten reports on subjects connected with military surgery, etc., among which are his most valuable and exhaustive reports on "Excision of the head of the femur for gunshot injury" and on "Amputation at the hip joint in military surgery." Of great culture, retentive memory, and with a remarkable facility of expression, he was, as a compiler and writer, conscientious in his analyses, giving his deductions from the facts before him with modesty but decision. While devoting himself to the preparation of the third and last Surgical Volume (now more than half completed) of the Medical and Surgical History of the War he died in this city February 23, 1881.

His untimely death will be deeply deplored, not only by the Medical Corps of the Army, but by the whole medical profession at home and abroad. JOS. K. BARNES, *Surgeon-general.*

AN INKSTAND INSTEAD OF A CLYSTER.—Bergeret, in his work on The Passions (Paris, 1878), tells of a physician accustomed to make use of unusual words, who, when consulted by a woman for her husband troubled with frequent desires and ineffectual efforts to evacuate the bowels, told her, "Do not torment him with drugs by the mouth, but have recourse to *clystére par le bas.*" The woman could not understand what he meant by the word *clystére*, but she did not dare ask him. She revolved the strange word in her head, she tried to repeat it twenty times, until at last it lost its true name and became upon her tongue *écritoire*. Forthwith she procured such a glass inkstand as children take to school, she smeared it with butter, and in spite of her husband's cries forced it into his rectum. Of course the unfortunate man was not made more comfortable, and wanted the inkstand out. Bergeret was called, and with considerable difficulty on his part and pain on the part of the patient succeeded in extracting it.

A POLISHED SPOUSE.—A French chemist is said to have condensed the body of his wife into the space of an ordinary seal and had her highly polished and set in a ring. He made a nice income by betting with lapidaries and others that they could not tell the material of the set in three guesses, and after pocketing the money would burst into tears and say, "It is my dear, dead wife; I wear her on my finger to keep alive pleasant remembrances of her."

ORTHODOXY.—The parish priest of Sendomi, in the diocese of Lerida, Spain, has declared that the last absolution, extreme unction, and Christian burial will be refused to any parishioner who allows himself or whose kindred allow him to be treated by any but duly qualified medical practitioners. All who are treated homeopathically will be deprived of the rites of the Roman Catholic Church, and be treated as Moors or Jews.

MATCH-MAKING.—AN old lady who has several unmarried daughters feeds them on fish diet because it is rich in phosphorus, and phosphorus is the essential thing in making matches.